Name_____

Department_____

DEPARTMENT ORIENTATION CHECKLIST
For all new, transferred, cross-trained or float staff, health profession students and volunteers

This form must be completed before providing care, treatment, or services independently.
Initials/Date: Validator must initial/date each box after validation. Write N/A if not applicable

Send to Human Resources When Completed

Department	Initial	Date
Department tour – Locker room, bathroom, break room, supply rooms, check badge access		
Location of fire extinguishers, emergency exits and applicable shut off valves, eyewash stations, and other safety preparedness items referred to in the DOIT guide		
DOIT Forms (includes emergency response procedures and codes, HIPPA and infection control)		
Handwashing Return Demonstration (soap/water & sanitizer-steps in DOIT guide)		
Omnicell access (if applicable)		
Organizational tour		
Tour/common places they should know like employee entrance, employee parking, cafeteria, conference rooms		
Information/Communication		
Telephone System (Directory, voicemail, greeting, etiquette)		
Computer, copier, fax, mail		
Outlook email, Email distribution lists, Halo, internal communications		
Policies and Procedures within department. (see Policy Stat)		
Language Line services (if applicable)		
Newsletters (if applicable)		

Personal	Initial	Date
Schedule (PTO requests, holidays, exchanging hours, sick call, continuing education requisition etc.) See Policy Stat for policies		
Kronos – (for employees) how to clock in, location of clock in, transfer of hours		
Logistics (for volunteers)		
Breaks/Meals expectation		
Dress code		
Personal belongings (lockers or storage)		
Department Leader to Review with Employee		
Department goals/expectations		
Department or clinic mission/vision/scope of care/hours of operation/staff roles		
Performance review/ 30- & 90-Day Evaluation		
Position description/job specific orientation/initial competencies		
New hire important dates form		
Workday Learning – annual modules		
Staff meetings/committees		

Employee Signature/Date

Leader Signature/Date

Preceptor Signature/Date

Preceptor Signature/Date