HARDIN COUNTY GENERAL HOSPITAL
ORIENTATION CHECK LIST

Name		Title	
Date of Hire	Lic. #	Exp. Date	Dept.

SECTION I

Physical Examination/Date Completed _____

X-Ray/Date Completed _____ Lab/Date Completed _____

SECTION II

PERSONNEL
Initial When Completed

Scheduled:

_____ 1. Personnel Policies & Procedures Manual Review (Employee Handbook).
_____ 2. Name Tag.
_____ 3. Time Clock Usage and Procedure.
_____ 4. Job Assignment and Description.
_____ 5. Organization Chart Explanation.
_____ 6. Organizational Plan of Care (Scope of Care, Mission, Vision and Values, and Strategic Plan).
_____ 7. Staff Rights.
_____ 8. Evaluation Procedures (90/Annual/Special).
_____ 9. Employee Benefits.
_____ 10. Confidentiality Code for Hospital Employees.
_____ 11. Review of Age Specific Policy.
_____ 12. Employee Incident Reports/Reports of Personal Injury/ In the event of injury retaining process.
_____ 13. Family Medical Leave Act (FMLA).

DEPARTMENT
Initial When Completed

_____ 1. Staff Introduction and Tour of Hospital.
_____ 2. Work Schedule and Pay Periods.
_____ 3. Review of Hospital-Wide and Departmental Policy and Procedure Manuals.
_____ 4. Meal and Rest Period Assignments.
_____ 5. Smoking, Parking, and Telephone Restrictions.
_____ 6. Proper Handling of Equipment.
_____ 7. Safety Practices.
_____ 8. Material Safety Data Sheets (MSDS)
_____ 9. Care of Designated Unit.
_____ 10. Personal Belongings and Dress Code.
_____ 11. Absence Call-in Procedure.
_____ 12. Inservice Education and Training.
_____ 13. Warning Notices.
_____ 14. Age Specific Training.
_____ 15. Patient Education.
_____ 16. Use of Restraints.

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ORIENTATION INSERVICES
Initial When Completed

_____ 1. HIPAA/Corporate Compliance _____ | Scheduled:

_____ 2. Infection Control/Central Supply _____ | Scheduled:

_____ 3. Safety Officer – Environment of Care _____ | Scheduled:

_____ 4. Social Service _____ | Scheduled:

_____ 5. Quality Improvement Program _____ | Scheduled:

SECTION III

Employee Initials

_____ 1. (**Personnel**) I have read and understand the Personnel Policies in the Employee Handbook.

_____ 2. (**Personnel**) I have read and understand the Patient Bill of Rights.

_____ 3. (**Personnel**) I have received my name tag which I am to wear at all times while on duty.

_____ 4. (**Safety Officer**) I understand the Fire, Disaster, and Interruption of Services Policies and Procedures.

_____ 5. (**Infection Control Nurse**) I have received my infection control inservice and understand how it pertains to me at Hardin County General Hospital.

_____ 6. (**Quality Improvement Coordinator**) I understand the Quality Improvement Program and how it works at Hardin County General Hospital.

Comments: _____

_____

_____

_____ _____

Employee Signature/Date Supervisor Signature/Date

_____

Department Head Signature/Date

NOTE: This orientation checklist is to be completed and filed in the employee's personnel folder in the personnel office within 14 days of employment.