

SAFETY ORIENTATION CHECKLIST

Name : _____

Job Title: _____ Dept. _____

Start Date: _____

Make a Check mark when completed.

Orientation

	Mandatory CBLs completed in Net Learning.
	Department Emergency Contact List
	Security Procedures
	Workplace Violence Hotline (5267) or (419-423-5267)
	4357(Help) 2633(Code) Off-Site Facilities (911)
	Dress Code/Appearance Policy
	Operator/Non-Emergency (00)
	IT Help Desk (5211)
	Service Response Center (7676)
	Biomedical Engineering (5350)

Safety Equipment Tour

	Egress
	Fire Extinguishers and Pull Stations, RACE/PASS
	Gas Shut Off Valve Locations
	Eyewash Stations
	Lifting/Back Safety Equipment
	Flashlight Locations
	Defective medical equipment
	Evacuation Equipment (if applicable)
	Glass Disposal

Resources

	Material Safety Data Sheets (MSDS)
	Safety Manual
	Environment of Care Manual (online)
	Bloodborne Pathogen Exposure Control Plan
	Incident Reporting (online)
	Employee Health Nurse/ Injury Forms
	PPE/ Isolation procedures/ Exposure Control Plan
	Administrative Policies and Procedure-Safety
	Department Policies and Procedures- Safety

Make a Check mark when completed.

Department Specific Safety Plans

	Code Red		Code Blue
	Code Adam		Code Pink
	Code Black		Code Yellow
	Code Gray Watch		Code Violet
	Code Gray Warn		Code Silver
	Code Orange		Code Brown
	Code Assist		Code Green
	Evacuation procedures for associates, patients, and visitors.		

Safety Monitoring

	Safety Checklist	
	Temperature Logs	
	PPE/Isolation Procedure/ Hand Hygiene	
	Crash Cart Logs	
	Radiation Safety	
	Crash Cart Logs	
	Laser/ Cautery	
	Air Flow/ Ventilation	
	Gas, Vapors	
	Near Miss/ Safety Concern Reporting	

Proper Disposal

	Sharps/ Containers
	Bio-Hazard Waste (Red Bag)
	Linens (Yellow Bag)
	Suction Canisters
	Hazardous Waste (chemicals, chemo, etc.)

Medication Security Procedures

	Medication Storage
	Controlled Substances
	Procedure for reporting suspected substance abuse

By signing and dating below, I agree I have reviewed and have been trained on the importance of safety. I understand I will be held accountable to follow all safety policies and procedures.

Associate Signature: _____

Date: _____

Manager/Trainer Signature: _____

Date: _____