St. Vincent's Health System
MINI-ORIENTATION CHECKLIST

Name: _____ _____ _____
(last) (first) Middle Initial

SSN: _____

School Name: _____

Program: (Circle One) RN LPN High School

Clinical Rotation: _____

Facility/Unit: _____

DEPARTMENT SPECIFIC ORIENNATION CHECKLIST

TOPIC	Date Completed	Initials
Facility Introduction		
*Mission		
*Facility Organization Chart		
*Department Locations		
Facility/Department Tour		
*Security Information		
*Parking/Campus Map		
*Dress Code		
*ID Badge		
*Cafeteria/Snack Bar		
*Location and Hours		
*Smoking Policy		
*Location		
*Telephones		
*Patient Rights/Confidentiality		
*Solicitation		
*Code of Conduct		
Location of Administrative policy and Guidelines manual		
*Infection Control Manual		
*Hazardous Communications		
*Hazardous Waste Disposal		
*Isolation Precautions		
*Control Center Phone Numbers		
Risk Management		
*Incident Reporting		

Safety		
Internal Emergency Number		
*Code Adam – infant/child		
*Evacuation Plan		
Condition Red (Fire Plan)		
Code Red Drill		
Severe Weather Plans		
*Code Gray Watch		
* Code Gray Warning		
External Disaster		
*Code Yellow (External)		
*Code Black (Bomb Threat)		

Student/Instructor Signature: _____ Date: _____

Clinical Liaison Signature: _____ Date: _____