

TOPIC ✓ as Reviewing with employee (mark if N/A appropriate and initial)	Date Reviewed	Initials of Reviewer
Fire Plan		
_____ Condition Red	_____	_____
_____ Fire drill/actual fire	_____	_____
_____ Fire alarm-location	_____	_____
_____ Fire Extinguishers/location	_____	_____
_____ Smoke Compartments-Location	_____	_____
_____ Exits and stairway-location	_____	_____
Severe Weather Plan		
_____ Unit Role in condition Gray-Tornado	_____	_____
_____ Unit Role in Condition White-Snow/Ice	_____	_____
Safety and Disaster		
_____ Unit Role in Condition Adam-Infant Abduction	_____	_____
_____ Unit Role in Condition Blue-Bomb	_____	_____
_____ Unit Role in Condition Yellow-External disaster	_____	_____
_____ Workplace Violence (location of panic button, scheduling class)	_____	_____
_____ Smoking Areas/Policy	_____	_____
_____ Use of Body Mechanics while at work	_____	_____
_____ Code I-Crash Cart (Adult)	_____	_____
_____ Code II – Crash Cart (Pediatric)	_____	_____
Utility Failure Plan		
_____ Power	_____	_____
_____ Water	_____	_____
_____ Communication (Phone)	_____	_____
Equipment Failure Plan		
_____ Reporting Method	_____	_____
General Information		
_____ Hospital Mission Statement	_____	_____
_____ Unit role in the mission of the hospital	_____	_____
_____ Organizational Policy Manual	_____	_____
_____ Review of Organizational Chart	_____	_____
_____ Role in Organizational Chart	_____	_____
_____ Departmental Manual	_____	_____
_____ Administrative Manual	_____	_____
_____ “Chain of Command”	_____	_____
_____ PI Process	_____	_____
_____ Computer Training (email, internet, intranet)	_____	_____
_____ Password Security	_____	_____
_____ Voice Mail	_____	_____
_____ Ordering of Supplies	_____	_____

