

## **Sample Orientation Checklist**

| Item   | Employee<br>Initials              | Superviso<br>r Initials | Date |
|--|-----------------------------------|-------------------------|------|
| Comprehensive Tour of Facility/ Orientation Includes but not limited to: a review of emergency exits, resident rooms, location of records, supplies and medications, and facility policy and procedures. |                                   |                         |      |
| Brief overview of Residential Care Plan  |                                   |                         |      |
| Introduction to staff and residents  |                                   |                         |      |
| Overview of Medication Administration (nurses)   |                                   |                         |      |
| Breakroom and break policy   |                                   |                         |      |
| Charting process and expectations  |                                   |                         |      |
| Review of Emergency Procedures   |                                   |                         |      |
| Review of House Rules  |                                   |                         |      |
| Review of Resident Rights  |                                   |                         |      |
|  |                                   |                         |      |
| Facility Designee Name (Print)   | Facility Designee Signature/Date) |                         |      |
| Clinician Name (Print)   | Clinician Signature/Date)         |                         |      |