

DEPARTMENT ORIENTATION CHECKLIST

DATE INITIATED: _____

EMPLOYEE NAME: _____

DATE COMPLETED: _____

(PLEASE PRINT)

SUPERVISOR NAME: _____

AREA OF REVIEW	DATE REVIEWED	ABLE TO PERFORM	EMPLOYEE INITIALS	SUPERVISOR INITIALS	COMMENTS
GENERAL ORIENTATION :					
Mission Statement					
Code of Conduct					
GENERAL DEPARTMENT POLICIES:					
Location of Policy Manuals					
Time Off Requirements (FMLA, Vacation)					
Absence Control Guidelines					
Punctuality/Tardiness					
Dress Code					
Smoking Policy					
Resignation					
DEPARTMENT ORIENTATION:					
Tour of Department					
Introduction to Co- Workers					
Conduct and Courtesy					
Customer Service Guidelines					
Rest Rooms					
Time Recording					
Lunch/Break Periods					
Use of Telephone					
Annual Evaluations					
REVIEW SUPPLIES/EQUIPMENT:					
Specific Tasks					

SAFETY PROCEDURES:					
Fire Safety					
a. Location of Alarms and extinguishers					
b. Evacuation Plan					
Emergency Preparedness					
a. How to obtain supplies					
b. Specific duties.					
Infection Control					
Lifting and Moving Techniques					
Hazardous Communications					
Confidentiality					
SPECIFIC PROCEDURES					
Accident Reporting					
Health and Safety Nurse					
Photocopy Inservice					

SIGNATURE	INITIALS	SIGNATURE	INITIALS

I certify that the above information has been explained to me, and I agree to comply with the regulations as set forth by Allied Services.

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

PLEASE NOTE: Once completed, a copy MUST be returned to Human Resources.