

# STAFF ORIENTATION CHECKLIST

Name: \_\_\_\_\_ Site: \_\_\_\_\_

TASK	Orientee Initials	Orienter Initials	Date completed
Tour Facility	_____	_____	_____
Facility Specific Info	_____	_____	_____
Dress Code	_____	_____	_____
PTO & Holiday Process	_____	_____	_____
Time Sheet Policy	_____	_____	_____
*Signed inservice on Time Clock review	_____	_____	_____
Patient Privacy	_____	_____	_____
Safety and Emergency Policies	_____	_____	_____
*Signed inservice on Incident Reports	_____	_____	_____
*Signed inservice on Exercise equipment safety	_____	_____	_____
Cleaning Policy	_____	_____	_____
*Signed inservice on Kinevia bike cleaning	_____	_____	_____
Equipment	_____	_____	_____
Modalities	_____	_____	_____
Screening	_____	_____	_____
Evaluations	_____	_____	_____
Daily and Weekly processes	_____	_____	_____
Scheduling /Travel Processes	_____	_____	_____
Weekend process	_____	_____	_____
Care Plan Meetings	_____	_____	_____
CPT Initiatives			
OPN	_____	_____	_____
FATs	_____	_____	_____
Dementia (Allen, BCAT)	_____	_____	_____
Pt Advocacy	_____	_____	_____
Discharge planning process	_____	_____	_____
*Signed inservice on CPT Initiatives	_____	_____	_____
General Medicare Guidelines A & B (MC 101)	_____	_____	_____
Inter dept Communication	_____	_____	_____
EMR (Computer) Training			
a) Net Health - navigation	_____	_____	_____
Documentation	_____	_____	_____
Billing/ Time Sheet	_____	_____	_____
Hot List	_____	_____	_____
Daily Schedule	_____	_____	_____
b) PCC access & orientation to locate items entering data (CP, clarification orders, etc)	_____	_____	_____
Covid Training			
CMS Covid Inservice	_____	_____	_____
Handwashing Competency	_____	_____	_____
PPE Competency	_____	_____	_____

Orientee Signature \_\_\_\_\_ initials \_\_\_\_\_ date \_\_\_\_\_

Orienter Signature \_\_\_\_\_ initials \_\_\_\_\_ date \_\_\_\_\_