

Biomed Department Staff Orientation/Supply Checklist

Employee: _____ ID #: _____ Date: _____

STATUS: (CHECK ONE)

- New Employee Update Current Employee New Student Intern
 Resignation Termination Student Coop Completed

Hospital-Owned Supplies:

- Keys (list: _____)
 ID Badge (number: _____)
 Cell Phone (number: _____)
 Pager (number: _____)

(LIST HOSPITAL SUPPLIED TOOLS- USE BACK OF PAGE IF NEEDED)

- Tools

I have received/returned the supplies identified above.
(CIRCLE ONE)

Employee/Student Signature

Date

Department Orientation:

- Telephone/Voicemail
 CMMS (Computerized Maintenance Management System) & Biomed Work Requests
 Safety Orientation (including policies and procedures for Safety and Stored Energy - Lockout/Tagout)
 Fire Safety (including policy and procedure)
 Department Policies/Procedures:
 Medical Equipment Management
 Quality Assurance/Risk Management
 Dress Code
 Hazard/Recall Reporting

Comments:

I have read the policies and received orientation on the items indicated above.

Employee Signature

Date

Manager Signature

Date

Biomed Department Staff Orientation.doc, 1/21/2009



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