

LIFE SAFETY  
 DEPARTMENT SPECIFIC ORIENTATION  
 Department of Nursing: **Student**

Please complete all sections prior to the individual's first shift at the new location.

Student Name: \_\_\_\_\_

Quarter/Year: \_\_\_\_\_

Unit Validator Name: \_\_\_\_\_

Facility & Unit/Dept: \_\_\_\_\_

	Review Date	Validator Initials
<b>Fire Safety Training</b>		
Evacuation Plan / Routes		
Fire Alarm pull stations		
Fire Extinguisher location		
Medical gas shut-off valves (Zone valve)		
Unique Fire Hazards (i.e., oxygen, chemicals, etc.)		
Spill training		
Emergency Eyewash		
Emergency Shower		
Clean and Dirty Sinks		
Emergency Power Outlets		
<b>Environment of Care (Locate &amp; Knowledge of:)</b>		
Alarm Activation & Response (Code colors)		
Disaster & Emergency Response Manual w/ Dept Disaster Plan		
Disaster Kit & Emergency Supplies		
Personal Protective Equipment		
MSDS Manual (Paper Copies or Online Access)		
Temperature Control		

\_\_\_\_\_  
 Unit Validator/Clinical Instructor Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date