

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

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

Clinical Instructor Name: _____

Quarter/Year: _____

Unit Validator Name: _____

Facility & Unit/Dept: _____

	Review Date	Validator Initials
Fire Safety Training		
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		
Environment of Care (Locate & Knowledge of:)		
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 Signature

 Date

 Clinical Instructor Signature

 Date