Orientation Checklist

Student Name: .....

	Placement 1	Placement 2	Placement 3	Placement 4
1. I know my responsibilities in the event of: a) Fire b) Cardiac Arrest/Respiratory Arrest c) Emergencies d) Security Related Emergencies				
2. I have identified the following equipment: a) Oxygen b) Suction c) Resuscitation Trolley d) Emergency Alarms e) Fire Extinguisher and Hoses				
3. I have identified the following equipment: a) Staff Toilet b) Sluice Room c) Clean Utility Room d) Linen Cupboard e) Patient Showers, Bathrooms and Toilets f) Lifts, Stairs g) Cafeteria h) Medicines area				
4. I know where to find relevant phone numbers and the correct protocol for answering the phone.				
5. I know where I can find information on the specific nursing responsibilities/protocols for this agency/area.				
6. I have discussed my identified learning objectives for this placement with the unit/agency staff.				
7. I have discussed my tutorial attendance requirements with the unit/agency staff.				
8. Where required, I have given the evaluation form to the unit/agency staff and discussed my need for both ongoing feedback, and feedback at the end of my clinical placement.				