



Orientation Checklist - Direct Care Staff

Vehicle Orientation

Initials:

- Weekly Vehicle Inspection
- First-Aid Kit and Fire Extinguisher
- Mileage Log
- Insurance and Registration Location
- Cell Phone Policy
- Outing Log (In House)
- Van Accident Reporting
- Food, Drinks and Smoking Prohibited
- Posted Speed Limit
- Driving Requirements/Obedying the Law
- Valid Driver's License
- Report Speeding/Driving Violations
- Turning Corners and Wheelchairs
- Tie-Downs in Vans with Wheelchairs
- Seat Belts for ALL must be buckled
- Emergency Supply Contents Location
- Orange Cones Use

Date Completed:

3-10-20 Driver Training with Facility Maintenance Manager

If not complete, when is it scheduled? Date: _____

I acknowledge orientation training of the above with Beacon Specialized Living and have been thoroughly in-serviced. I understand that I have full access to Beacon's policies on the website at www.beaconemployee.com

I understand that I have 30 days to complete the Competency Assessment and turn it in to my Home Manager and J2S Human Resources Department (if applicable) when complete. I also understand that if the Competency Assessment is not complete within 30 days of the initial shadow shift, I may be removed from the schedule until it is complete. (At any time during the Competency Assessment period, I may ask to meet with the Home Manager to address any issues or concerns related to the assessment.)

Both the Orientation Checklist and Competency Assessment are to be uploaded into the Employee Database immediately when complete.

Casey James

3-12-20

Tammy Ellis

3-12-20