



On-Site Orientation Checklist

Employee Name: Dylan Murphy
Location: Forest Lake
On-Site Date: 9-15-2020

Staff Initials	Topic
	Site Specific
DM	I have had a thorough tour of the house, yard, and garage.
DM	I know where house and client financial information, including receipts are stored.
DM	I know where forms are kept.
	Do I need prior permission to use House Petty Cash? ☐ Yes ☒ No
	What is the house petty cash used for? _____
	All spare site keys are kept _____ and I know what to do if they are missing.
	The lockbox combination(s) is/are _____
	Emergencies and Responsiveness
DM	I understand how to use the heating and cooling systems
DM	I understand how to use all household appliances
DM	If appliances are not working I will call Xcel Energy at () _____ and the manager.
DM	If heating or cooling systems are not working I should call Xcel or CenterPoint as indicated by the emergency call list.
DM	I know this house has fuses/breakers, where they are located, and how to use them
	The water shut off valve for the house is located _____
	The Program Policy and Procedure Manual for Beacon Specialized Living is located _____
DM	I have been shown how to reference and use the Policy and Procedure manual.
DM	I understand the fire evacuation route and plan and I know where it is posted in the house.
DM	I understand where the smoke detectors, carbon monoxide detectors, and fire extinguishers are located and how to use and maintain them.
DM	I understand where PPE is stored, how to properly dispose of contaminated items
DM	I understand where the flashlights, battery operated radio, first aid kit are located and how to use and maintain them.
DM	I replenish First Aid supplies by _____.
	Meals and Meal Prep
DM	I understand the menu plan and how to follow the directions for meal preparation.
DM	If the site runs out of something that was on that day's menu, I know I need to _____.



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	Vehicle
<u>DM</u>	I understand where vehicle keys and located and stored.
<u>DM</u>	I understand the process for making sure the vehicle has gas when necessary
<u>DM</u>	I understand the process for Seating, Tie Downs, Special Equipment, Lifts etc. when transporting individuals receiving services.
<u>DM</u>	I understand, If I need directions to an appointment, activity, or other destination I should call that destination before leaving.
	Appointments/Medical Information
	I need to take the following with me on all medical appointments: _____.
	Medical/Dental/Psychiatric appointments are documented in the _____.
	For what other reasons are Health Progress Notes written? _____.
	The completed medical referral form is placed _____.
	Medication side effects are found _____ or _____.
	I understand when a medication is dropped or spit out, I need to call the nurse or physician and/or contact my supervisor (if the home does not have a nurse) and follow the instructions given.
<u>DM</u>	List the procedure for ordering new medication: _____.
	List the procedure for ordering current medication: _____.
	List the procedure followed when a prescription medication is changed or discontinued: _____.
	I understand, when medications are delivered the person who receives the medications must compare the medication label to the medication sheets and count the medications to ensure the orders are correct and the proper amount was delivered. If any information is incorrect staff must contact the nurse and/or Program Manager.
<u>DM</u>	I know where medications are stored and I understand they must be locked at all times.
<u>DM</u>	I understand the purpose and location of Standing Order Medications
<u>DM</u>	I understand the process for administering and documenting the use of Standing Order Medications
<u>DM</u>	I understand medication errors are determined by the nurse and/or supervisor. If I find discrepancies I must report them to the nurse and supervisor and follow the instructions given:
	I am requesting further training on the following topic(s) in this Site Orientation Section: _____.
	I have received training on the information and procedures outlined in this checklist and am willing to assume responsibility for performing the tasks outlined. Staff Signature: <u>[Signature]</u> Date completed: <u>9/15/20</u>
	I have reviewed the information and procedures outlined in this checklist with the employee. Supervisor Signature: <u>[Signature]</u>