



On-Site Orientation Checklist

Employee Name: Alvaker Njara

Location: East Lake

On-Site Date: 09/14/20

Staff Initials

Topic

Site Specific

AA I have had a thorough tour of the house, yard, and garage.

AA I know where house and client financial information, including receipts are stored.

AA 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

AA I understand how to use the heating and cooling systems

AA I understand how to use all household appliances

AA If appliances are not working I will call Xcel Energy at () _____ and the manager.

AA If heating or cooling systems are not working I should call Xcel or CenterPoint as indicated by the emergency call list.

AA 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 _____

AA The Program Policy and Procedure Manual for Beacon Specialized Living is located _____

AA I have been shown how to reference and use the Policy and Procedure manual.

AA I understand the fire evacuation route and plan and I know where it is posted in the house.

AA I understand where the smoke detectors, carbon monoxide detectors, and fire extinguishers are located and how to use and maintain them.

AA I understand where PPE is stored, how to properly dispose of contaminated items

AA I understand where the flashlights, battery operated radio, first aid kit are located and how to use and maintain them.

I replenish First Aid supplies by _____.

Meals and Meal Prep

AA I understand the menu plan and how to follow the directions for meal preparation.

AA If the site runs out of something that was on that day's menu, I know I need to _____.

AA

On-Site Orientation Checklist

Vehicle _____

- ~~AA~~ I understand where vehicle keys and located and stored.
- ~~AA~~ I understand the process for making sure the vehicle has gas when necessary
- ~~AA~~ I understand the process for Seating, The Downs, Special Equipment, Lifts etc. when transporting individuals receiving services.
- ~~AA~~ 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? _____

~~AA~~ 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.
 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: _____

- ~~AA~~ 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.
- ~~AA~~ I know where medications are stored and I understand they must be locked at all times.
- ~~AA~~ I understand the purpose and location of Standing Order Medications
- ~~AA~~ I understand the process for administering and documenting the use of Standing Order Medications
- ~~AA~~ 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: _____ **Date completed:** 04/24/20
 I have reviewed the information and procedures outlined in this checklist with my employer.
Supervisor Signature: _____





On-Site Orientation Checklist (Person Specific)

Employee Name: Abubakar Ashme | **On-Site Date:** 09/04/20

Individual Specific

This orientation, your background check, and all over-riding training must be completed before a staff is allowed to work independently, or left alone with any individual receiving services. It is intended this document be completed while the staff is working at the site with the individual receiving services present and while assisting with daily routines. After the Supervisor has gone over the information with the staff and they have both signed this training document, it will be placed in the staff's training file. At that point, the staff may work independently.

Client Name: Carmin Anderson

Overriding Medical Needs: Listed area of training

Date of Training

Physician/Therapist specific Orders: Listed area of training

Date of Training

CSSP Identified Training: Listed area of training

Date of Training

I understand I cannot work independently until completing Employee Onsite Orientation, and all over-riding medical training listed above.

Staff Initials AA
Supervisor Initials SPN

Staff Initials	Topic
	Medical
AA	Pertinent medical conditions have been reviewed with me and I know how to respond.
AA	I understand the information I am supposed to provide and level of assistance necessary during appointments for this individual.
AA	I understand how, where to take this individual to the hospital or emergency room.
AA	I have reviewed the side effect information for all Prescription Drugs & Over the Counter Drugs.
AA	I am familiar with the name, type, and reason for each medication and its individual uses.
	List the individual specific instructions for administering medications for this individual. (How does this person usually take their meds? example: mixed into food, taken with pudding, taken with water or juice, special language or requests used, etc.), specifics:
AA	I am aware of any allergies listed on this individual's medication treatment sheets.
AA	I understand when to administer and document a Standing Order Medications/PRN (As Needed) to this person.
AA	I understand I may not pass a medication until I have received training to do so and
	I understand I may not pass a medication until I have demonstrated my ability to do so for each type of medication.

Staff Initials AA
Supervisor Initials SPN