

**UCLA HEALTH LIFE SAFETY  
DEPARTMENT SPECIFIC ORIENTATION  
Department of Nursing: Instructors**

*Please complete all sections prior to the employee's first shift at the new location*

CLINICAL INSTRUCTOR NAME: \_\_\_\_\_

DEPARTMENT/UNIT: \_\_\_\_\_

UNIT VALIDATOR NAME: \_\_\_\_\_

	REVIEW DATE	N/A
<b>1. FIRE SAFETY TRAINING</b>		
EVACUATION PLAN/ROUTES		
FIRE ALARM PULL STATIONS		
FIRE EXTINGUISHER LOCATION		
MEDICAL GAS SHUT-OFF VALVES (ZONE VALVE)		X
UNIQUE FIRE HAZARDS (i.e. OXYGEN, CHEMICALS)		X
SPILL TRAINING		X
EMERGENCY EYEWASH		X
EMERGENCY SHOWER		X
CLEAN AND DIRTY SINKS		X
SHARED PATHOLOGY AREA		X
FLAMMABLE AND ACID CABINET LOCATION		X
BIOHAZARD HOOD LOCATION		X
EMERGENCY POWER OUTLETS – LOCATION		
<b>2. ENVIRONMENT OF CARE</b>		
<b>LOCATE &amp; KNOWLEDGE OF:</b>		
ALARM ACTIVATION & RESPONSE (I.E. DURESS AND INFANT ABDUCTION)		
DISASTER & EMERGENCY RESPONSE MANUAL W/ DEPARTMENT DISASTER PLAN		
DISASTER KIT AND EMERGENCY SUPPLIES		
EQUIPMENT OWNERS MANUAL		X
MEDICAL EQUIPMENT STORAGE LOCATIONS		X
MSDS MANUAL (HARD COPIES OR ACCESS ONLINE)		X
PERSONAL PROTECTIVE EQUIPMENT		
SPILL KIT		X
TEMPERATURE CONTROL		

\_\_\_\_\_  
CLINICAL INSTRUCTOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
UNIT VALIDATOR SIGNATURE

\_\_\_\_\_  
DATE