

UCLA HEALTH LIFE SAFETY DEPARTMENT SPECIFIC ORIENTATION

Department of Nursing: Students

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

STUDENT NAME: _____

DEPARTMENT/UNIT: _____

CLINICAL INSTRUCTOR NAME: _____

| | REVIEW DATE | N/A |
|--|-------------|-----|
| 1. FIRE SAFETY TRAINING | | |
| 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 | | |
| 2. ENVIRONMENT OF CARE | | |
| LOCATE & KNOWLEDGE OF: | | |
| 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 | | |

STUDENT SIGNATURE

DATE

CLINICAL INSTRUCTOR SIGNATURE

DATE