Intermountain Department Orientation
Student Checklist

Students must complete an orientation for each unit/department they are assigned on or before the first day of their clinical rotation. Orientation is under the direction of an Intermountain employee/staff member.

- Student Information: *(for student identification / records)*

  Student Name (print):_____

  Date of Birth:_____/_____/_____

  Gender: ☐ Male ☐ Female

  Last Four Digits of Social Security Number:_____

  School:_____

- Facility:_____
- Department:_____
- Date:_____

Orientation. Check applicable box:

- ☐ Department layout, including nursing desk, lavatory facilities and employee amenities (lounge or break room).
- ☐ Department specific aspects of care, treatment and services.
- ☐ Patient Rights posting.
- ☐ Fire escapes, pull boxes and extinguishers; disaster box, evacuation plan and map; EXIT signs.
- ☐ Clean linen and/or utility room/area.
- ☐ Dirty utility room.
- ☐ PPE as appropriate to patient care and dirty utility.
- ☐ Equipment/supply room/area.
- ☐ Secured areas, such as medication and/or treatment rooms.
- ☐ Hazardous waste and disposal containers.
- ☐ Department specific patient abduction procedure.
- ☐ If department is a secured area, instructions for access.

Student signature:_____

Intermountain signature:_____

- Facility:_____
- Department:_____
- Date:_____

Orientation. Check applicable box:

- ☐ Department layout, including nursing desk, lavatory facilities and employee amenities (lounge or break room).
- ☐ Department specific aspects of care, treatment and services.
- ☐ Patient Rights posting.
- ☐ Fire escapes, pull boxes and extinguishers; disaster box, evacuation plan and map; EXIT signs.
- ☐ Clean linen and/or utility room/area.
- ☐ Dirty utility room.
- ☐ PPE as appropriate to patient care and dirty utility.
- ☐ Equipment/supply room/area.
- ☐ Secured areas, such as medication and/or treatment rooms.
- ☐ Hazardous waste and disposal containers.
- ☐ Department specific patient abduction procedure.
- ☐ If department is a secured area, instructions for access.

Student signature:_____

Intermountain signature:_____

- Facility:_____
- Department:_____
- Date:_____

Orientation. Check applicable box:

- ☐ Department layout, including nursing desk, lavatory facilities and employee amenities (lounge or break room).
- ☐ Department specific aspects of care, treatment and services.
- ☐ Patient Rights posting.
- ☐ Fire escapes, pull boxes and extinguishers; disaster box, evacuation plan and map; EXIT signs.
- ☐ Clean linen and/or utility room/area.
- ☐ Dirty utility room.
- ☐ PPE as appropriate to patient care and dirty utility.
- ☐ Equipment/supply room/area.
- ☐ Secured areas, such as medication and/or treatment rooms.
- ☐ Hazardous waste and disposal containers.
- ☐ Department specific patient abduction procedure.
- ☐ If department is a secured area, instructions for access.

Student signature:_____

Intermountain signature:_____

- Facility:_____
- Department:_____
- Date:_____

Orientation. Check applicable box:

- ☐ Department layout, including nursing desk, lavatory facilities and employee amenities (lounge or break room).
- ☐ Department specific aspects of care, treatment and services.
- ☐ Patient Rights posting.
- ☐ Fire escapes, pull boxes and extinguishers; disaster box, evacuation plan and map; EXIT signs.
- ☐ Clean linen and/or utility room/area.
- ☐ Dirty utility room.
- ☐ PPE as appropriate to patient care and dirty utility.
- ☐ Equipment/supply room/area.
- ☐ Secured areas, such as medication and/or treatment rooms.
- ☐ Hazardous waste and disposal containers.
- ☐ Department specific patient abduction procedure.
- ☐ If department is a secured area, instructions for access.

Student signature:_____

Intermountain signature:_____

Student: Please return this completed checklist, and all others that may apply to your rotation, as instructed by your Intermountain Healthcare region/facility Student Placement Coordinator.