



Facility Orientation (Virtual) Checklist

Upon completion of Virtual Facility Orientation, check all sections that have been completed and sign below.

This form will be retained in your personnel file.

| Virtual Facility Orientation | Initial |
|--|---------|
| General Information | |
| Bill of Rights | |
| Customer Service | |
| Designated Bilingual Site (if applicable) | |
| SCHIPP | |
| Occupational health | |
| Infection Prevention and Control | |
| Emergency Codes | |
| Occurrence Reports | |
| PPCO | |
| Restraints | |
| Pressure Injury Prevention | |
| Safe Feeding: For ALL Staff that assist with Meals | |
| Facility Specific Information | |

I have reviewed the above information and agree to comply with the policies and procedures.

Employee's Name: _____ Work Site: _____

Employee's Signature: _____ Date: _____

Employee's Number: _____ Department/Position _____

Was this done on work time or your own: _____