

STAFF ORIENTATION, TRAINING AND COMPETENCY

NEW EMPLOYEE CHECKLIST

Name of Employee: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employee File:

- ✦ Degree of Education (High School Diploma, College Degree) \_\_\_\_\_
- ✦ Copy of Any State or Federal Licensure, as applicable \_\_\_\_\_
- ✦ Driver's License and Social Security Card \_\_\_\_\_
- ✦ W-2 \_\_\_\_\_
- ✦ Evidence of Hepatitis Vaccine or Waiver \_\_\_\_\_
- ✦ Evidence of PPD or Chest X-ray, if applicable \_\_\_\_\_

Have Read and/or Reviewed the Following:

- ✦ OSHA Manual \_\_\_\_\_
- ✦ Safety Manual \_\_\_\_\_
- ✦ Biomedical Waste Plan \_\_\_\_\_
- ✦ SDS Forms \_\_\_\_\_
- ✦ OSHA/Safety Post Test \_\_\_\_\_
- ✦ Policy and Procedure Manual \_\_\_\_\_

Tour of Facility For Location of:

- ✦ Fire Extinguishers \_\_\_\_\_
- ✦ Pull Stations \_\_\_\_\_
- ✦ Spill Kits \_\_\_\_\_
- ✦ SDS \_\_\_\_\_
- ✦ Other Safety or Emergency Equipment \_\_\_\_\_

Additional Training Documentation in the Following Areas as Warranted:

- Chemistry \_\_\_\_\_
- Hematology \_\_\_\_\_
- Immunoassay \_\_\_\_\_
- Urinalysis \_\_\_\_\_
- Phlebotomy \_\_\_\_\_
- Specimen Processing \_\_\_\_\_

Review of Any Questions From Employee or Clarification of Policy or Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date \_\_\_\_\_  
Trainer: \_\_\_\_\_ Date \_\_\_\_\_