# Student Unit/Department Orientation Checklist

## All Students

- All students will be expected to complete a Unit Orientation Checklist at each clinical area/site. The form is signed by the student and co-signed by the preceptor or clinical instructor. The checklist must be completed prior to patient care, within 2 weeks of the start of the clinical. Return to your instructor, preceptor or scan/fax to: 414-805-6920.

## Patient Safety

- Code Cart
- Location of supplies in patient rooms
- Location of supplies on unit
- Nurse’s Station
- Call light system
- Code button in patient rooms

## Waste Safety

- Clean utility room
- Dirty utility rooms
- Garbage receptacles/dirty utility area
- Linen receptacles
- Sharps box
- Red bag waste

## Personal Safety

- Restrooms
- Emergency eye wash station
- Evacuation routes
- Fire alarms, extinguishers, and exits
- Personal protective equipment location

## Unit Specific

- Bed/chair alarms
- Unit Specific equipment
- Other: ____________________________________________________________

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**My signature indicates that I have reviewed the items above and am responsible for comprehending the information.**

Print Student Name: _____________________________________________

Student Signature (legible): ______________________________________ Date: ______________

Hospital/Department/Unit Location: ________________________________

Instructor/Preceptor Signature: ________________________________

University/School: ______________________________________________

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