



## Departmental Orientation Checklist 30 Day New Hire Conversation

Associate Name: \_\_\_\_\_

Associate Number: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

SPIRIT Camp Dates: \_\_\_\_\_

Hire/Transfer Date: \_\_\_\_\_ Type of Hire: New Hire: \_\_\_\_\_ Transfer: \_\_\_\_\_

This document is provided to guide an Associate and leadership through the departmental orientation of a new or newly transferred Associate. Please observe the timelines established for section to insure compliance with the orientation requirements. Once the document is complete, please return it to Human Resources.

Departmental Orientation Topics	Date Completed	Associate's Initials	Mentor's Initials	Supervisor's Initials
<i>Complete within 1 week</i>				
<b>Welcome to the Team</b>				
Department Mission/Goals				
Department Organizational Chart				
Department and Work Area Tour				
Work Schedule/Active Staffer/Overtime				
Attendance and Punctuality				
Payroll/Time				
Meal Breaks				
<b>Safety and Access</b>				
Parking				
Storage of Personal Property				
Badge Access/Restricted Areas				
Department Specific Fire/Disaster Plan				
Electronic System Access				
<i>Complete within 1 month</i>				
<b>Getting Acquainted</b>				
Communication Methods				
HR Policy Access (PMM Software)				
Paid Time Off				
Job Description/Evaluation Tool				
Departmental Competency Requirement Review				
Introductory Period				

<i>Complete within 1 month</i>				
<b>New Hire Competencies (CBTs)</b>				
Back Safety				
Diversity in the Workplace				
Electrical Safety				
Emergency Preparedness				
Fire Safety				
Standard Precautions: Bloodborne Pathogens and Other Potentially Infectious Materials				
Transmission Precautions: Airborne				
Transmission Precautions: Contact and Droplet				

**30 Day New Hire Conversation:** Date Completed \_\_\_\_\_

1. How does actually working here compare with the impression you received of the job during the interview, hiring process, and orientation?

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

2. Is there anyone helping you to be successful that I could thank?

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

3. Based on the places you have worked, what systems or ideas do you feel could improve our operations?

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

4. Are there any reasons / situations occurring that would make you think about leaving?

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

**90-Day New Hire Conversation:** Date Scheduled \_\_\_\_\_

**Annual Mandatory Hospital-wide Competencies** must be completed by the end of the Introductory Period

*For applicable departments, **Aggressive Behavior Management** should be completed within 60 days following date of hire. Date scheduled to attend Aggressive Behavior Management \_\_\_\_\_*

*Please return completed form to Human Resources*

\_\_\_\_\_  
 Associate Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Manager Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Mentor Signature

\_\_\_\_\_  
 Date