



Employee Name: _____

Department: _____

Job Title: _____

Date of Hire: _____

Upon completion, make copy for department and send original to the Human Resources Department.

	Item	Instructor/ Employee Initial		Item	Instructor/ Employee Initial
	General Corporate Overview			Safety Overview	
1	YKHC Organizational Chart		29	Tobacco Free Facilities	
2	ID Badge		30	Employee Health Clearance	
3	Corporate Policies and Procedures		31	Code Red-Fire Alarm Response	
			32	Location of Fire Alarm Pull Boxes	
	Department Overview		33	Location of Fire Extinguishers	
4	Introduction of Department Manager/Staff		34	Hazardous Communication	
5	Department Role in Support of YKHC Mission		35	Material Safety Data Sheet (MSDS)	
6	Department Organizational Chart		36	General Safety	
7	Departmental Policies & Procedures		37	Personal Protective Equipment (PPE)	
8	Departmental Meetings/Minutes/Memorandums		38	Lock Out/Tag Out	
9	Department Projects/Work Groups		39	Security Doors	
10	Confidentiality		40	Body Mechanics/Back Injury Prevention	
11	Telephone Use (Directory, Long Distance, Personal, Voice Mail, Emergency)		41	Unusual Occurrence Report (UOR)	
12	Computer Use Policy		42	Evacuation Procedures	
13	Equipment Use/Maintenance		43	Internal	
14	Key Control		44	Code Orange – Hazmat Spill	
15	Uniforms/Dress Code		45	Code Pink – Abduction – Infant	
16	Mail		46	Code Purple – Abduction – Child	
17	Parking		47	Code Silver – Civil Disturbance – Weapon	
18	Corporate Forms		48	Code Gray – Civil Disturbance	
19	Materials & Supplies		49	Code Blue – Medical Emergency	
20	Initial Evaluation/Competency		50	Code Yellow – Bomb	
21	Performance Expectations				
22	Performance Improvement			Additional Department Specific Items	
23	Hours of Work/Reporting Absence from Work		51		
24	Requesting Time Off		52		
25	Meals		53		
26	Pagers & Use of Paging System		54		
27	Department/Facilities Tour		55		
28	Travel		56		
			57		
			58		
			59		
			60		

Item No.	Comments

Supervisor Signature: _____

Initial: _____

Date: _____

Employee Signature: _____

Initial: _____

Date: _____



Medical Staff New Hire Check List

Department-Specific

4.27.15 kjm/lah

Employee Name: _____

Department: _____

Job Title: _____

Date of Hire: _____

	Initials
Pediatrics	
Peds Folder access	
Meet Chronic Peds Case Manager	
LifeMed – tour hangar	
WIC	
FIT	
Add to email groups: Peds Group, Hospitalist Providers, Family Med.Providers	
Set up Proxie Filters, CPP AFCHAN Folder Access, Patient List Access	
Hospitalist	
LifeMed – tour hangar	
WIC	
Add to email group: Hospitalist Providers	
Set up Proxie Filters, AFCHAN Folder Access	
Outpatient	
WIC	
Women’s Health/Prenatal Training	
Add to email group: Family Med.Providers	
Set up Proxie Filters, AFCHAN Folder Access	
ER	
LifeMed – tour hangar	
Add to email group: Hospitalist Providers	
Set up Proxie Filters, AFCHAN Folder Access	