

Orientation Checklist

Radiologic Technology Program



Life. Changing.

Please complete this checklist with each student, or group of students beginning a clinical site rotation at your facility.

HOSPITAL

- 1. Safety
 - a. Medical Emergency Code Numbers _____
 - b. Tornado Safety Plan _____
 - c. Fire Safety Plan (Electrical & Chemical) _____
 - d. Evacuation Routes _____
 - e. Other Safety Policies _____
- 2. Tour _____
- 3. Smoking Policy _____
- 4. Parking _____
- 5. Employee Health Requirements (If Applicable) _____
- 6. HIPAA _____
- 7. Standard Precautions _____

DEPARTMENT

- 1. Introductions
 - a. Staff Technologists _____
 - b. Radiologists _____
 - c. Support Staff _____
- 2. Tour
 - a. Radiographic Rooms _____
 - b. Equipment Operation _____
 - c. OR/ER _____
- 3. Department Protocols/Routine _____
- 4. Radiologist Routine/Preferences _____
- 5. Location of Clinical Books/Paperwork _____
- 6. Exchange of Phone Numbers _____
- 7. Computer System _____
- 8. Filing System/PACS _____
- 9. Phone System _____
- 10. Scheduling/Patient Prep Information _____

Student's Name: _____

Student's Signature: _____ Date: _____

Clinical Instructor's Signature: _____ Date: _____

This Orientation Checklist must be completed and returned to the IHCC Clinical Coordinator within two weeks of the student's first day at a new clinical site. This form will be retained in the student's file.