

Personnel Orientation/Training Check List

Orientation, training/ information has been provided to (name and title of employee) _____ in the following areas of Member's/Patient's Rights and Safety on the dates documented and signed by the employee and trainer listed below.

Member Rights:

Date/ Signatures

Patient Confidentiality

Informed Consent (including
Human Sterilization where applicable)

Prior Authorization requests

Grievance/Complaint Procedure

Sensitive Services/Minors' Rights

Health Plan Referral Process/Procedures/
Resources

Safety:

Date/signatures

Infection Control/Universal Precautions

Biohazardous Waste Handling

Child/Elder/Domestic Violence Abuse

*Blood Borne Pathogens Exposure
Prevention

*** Documentation of Annual Training
required.**

**Annual Blood Borne Pathogens Exposure
Prevention Training:**

(Documentation of the annual inservice/training date, employee's
signature/ title and the signature/ title of the trainer are required.)

Date/signatures of annual inservice/training

Additional date/signature pages to be added as needed.

Use and maintenance of medical office equipment

(Name and title of employee)_____ has been oriented/instructed in the proper use and maintenance of all medical office equipment used in the scope of his/her work at this facility. A qualified instructor has provided the orientation/instruction.

This employee has provided a return demonstration showing his/her knowledge, understanding and competency in the proper use and maintenance of the medical equipment listed below.

A satisfactory return demonstration has been performed/completed as documented by the date (date of completion) and signature/title of the employee and trainer documented below.

* Indicate if item is not used in the employee's scope of work.

	<u>Date/signatures</u>
Audiometer	_____
Autoclave	_____
Centrifuge	_____
Defibrillator	_____
EKG machine (electrocardiogram)	_____
Eye charts (literate and illiterate) and Occluder for vision testing	_____

Date/signatures

Glucometer

Hemaglobinometer

Oxygen tank/equipment

Scales

- Adult
- Infant

Stethoscope and Sphygmomanometer (BP Cuff)

- Child
- Adult
- Obese/thigh

Stature measuring devices
(height/length)

Thermometer (with numeric reading)

- Oral
- Tympanic/Temporal

Ultrasonography equipment

Other (name of equipment not listed above)
