



## Clinical Setting Orientation Checklist

*(This form must be signed and completed in Trajecsys at the beginning of each new clinical rotation.)*

Date	
Student Name	
Clinical Site	

*The student has received orientation to the following topics at this clinical setting:*

Category	Student Initials	Date Completed
Fire hazards		
Electrical hazards		
Chemical hazards		
Emergency Preparedness		
Medical Emergencies		
HIPAA		
Standard Precautions		

\_\_\_\_\_  
Signature Clinical Supervisor

\_\_\_\_\_  
Date