



**BURNS AND ALLEN RESEARCH INSTITUTE  
CEDARS-SINAI MEDICAL CENTER  
RESEARCH LABORATORY STUDENT ORIENTATION CHECKLIST**

<i>Student's Name:</i>	<i>Date:</i>	<i>Request No.</i>	<i>Assignment</i>
<i>Assigned Location:</i>	<i>Assigned Day:</i>	<i>Shift Time:</i>	

**INSTRUCTIONS:** SUPERVISOR PLACE INITIALS IN COLUMNS TO DENOTE REVIEW WAS COMPLETED.

<b>I. Laboratory Tour: Students must be able to locate and/or describe items the first day of department in-service training.</b>	<i>Supervisor Initials</i>	<b>II. Unit Assignment: Students must be able to describe or perform the following responsibilities on the first day of department in-service training.</b>	<i>Supervisor Initials</i>
<b>A. LABORATORY FLOOR PLAN</b>		<b>A. ACCOUNTABILITY</b>	
1. <input type="checkbox"/> Lounge and/or Restroom		1. <input type="checkbox"/> Department Specific Disaster Plan	
2. <input type="checkbox"/> Eating Areas		<input type="checkbox"/> Triage External Dept. Policy	
3. <input type="checkbox"/> Utility Room Clean/Dirty		<input type="checkbox"/> Triage Internal Dept. Policy	
4. <input type="checkbox"/> Refrigerator		<input type="checkbox"/> Other Policies	
5. <input type="checkbox"/> Storage Area		2. <input type="checkbox"/> Report On & Off Duty to Supervisor in Chg	
6. <input type="checkbox"/> Bulletin Boards		3. <input type="checkbox"/> Procedure for Assignment Changes	
7. <input type="checkbox"/> Supply Room		4. <input type="checkbox"/> Policy on Reporting Absences	
8. <input type="checkbox"/> Conference Room		5. <input type="checkbox"/> Policy on Work-Related Accidents/Injuries	
9. <input type="checkbox"/> Eye Washes		6. <input type="checkbox"/> Review of Department Orientation List or	
10. <input type="checkbox"/> Safety Showers		7. <input type="checkbox"/> Review of Department Policies/Procedures	
11. <input type="checkbox"/> Fume Hoods		8. <input type="checkbox"/> Security Procedures (Badges)	
<b>B. LOCATION OF SAFETY/EMERGENCY EQUIPMENT</b>		9. <input type="checkbox"/> Dress Code	
1. <input type="checkbox"/> Alarms/Alarm Number		10. <input type="checkbox"/> Radiation/Laboratory Safety Training	
3. <input type="checkbox"/> Extinguishers/Fire Equipment			
4. <input type="checkbox"/> Sprinkler Shutoff Valves			
5. <input type="checkbox"/> Smoke Detectors			
6. <input type="checkbox"/> Exit door/Fire Door			
7. <input type="checkbox"/> Code Red			
8. <input type="checkbox"/> Codes			
a) <input type="checkbox"/> Code Red			
b) <input type="checkbox"/> Code Green			
c) <input type="checkbox"/> Code Blue			
d) <input type="checkbox"/> Code Grey			
e) <input type="checkbox"/> Code Pink			
f) <input type="checkbox"/> Code Yellow			
g) <input type="checkbox"/> Code Orange			
9. <input type="checkbox"/> Personal Protective Equipment			

**STUDENT'S ACKNOWLEDGMENT:** I have been oriented to and understand my responsibilities for all areas covered in the Research Laboratory Student Orientation Check List as listed above.

<b>Volunteer Signature:</b>	<b>Supervising Individual:</b>	<b>Date</b>
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*Fax to Volunteer Services at 310.423.0452*