EMPLOYEE ORIENTATION FORM
(Title 17, Section 56013)

EMPLOYEE: _____ **DATE OF HIRE:** _____

ADMINISTRATOR: _____

FACILITY: _____

All new direct care staff must receive orientation within the first 40 hours of hire. Each of the following topics must be reviewed with the new employee:

1. Facility Program Design Review

   _____
   Staff Signature Date

2. Review Of All Consumer IPP's

   _____
   Staff Signature Date

3. Consumer Rights/Grievance Procedure

   _____
   Staff Signature Date

4. Administration of Medications/Documentation

   _____
   Staff Signature Date

5. Emergency Procedure/Fire/Earthquake

   _____
   Staff Signature Date

6. Reporting/Documenting SIR's

   _____
   Staff Signature Date

7. Reporting/Documenting Abuse

   _____
   Staff Signature Date

_____ _____
Administrator/Trainer's Signature Date of Completion