EMPLOYEE ORIENTATION FORM
(Per 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