BANK INDUCTION CHECKLIST

PART B – Workplace Induction

This part must be completed with the Nurse in Charge prior to commencing duty for all new areas and returned to the Bank Coordinator within one week of completion.

Name: ……. **Grade:** …….

Location: ……. **Date of shift:** …….

Please tick (✓) once completed or cross (×) if not applicable due to grade:

Introduction to staff on duty		Care Plans	
Introduction to clients		Observations (Checklist)	
Layout of Ward / Unit		OST Routine	
Useful telephone numbers		Epilepsy Guidelines:	
Fire Exits		- Signs and symptoms	
Fire Alarm Points		- Emergency Procedure	
Emergency Alarms		Medication	
Ward / Unit Procedures		Drug Cards	
Accident / Incident Procedure		Location of medical/emergency equipment	
Handover Report		Doctor on Call	
Communication Book		Manager on Call	
Daily report entry		Medical Devices on Ward	
Medicines Management			

Date completed: …….

Employee Signature: …… **Date:** ……

Print Name: ……

Nurse in Charge signature: …… **Date:** ……

Print Name: ……

FOR OFFICIAL USE ONLY		✓	**Date & Actioned by (initials):**
Receipt PART B:			……
Distribution PART B:	Checklist on personal file		……
	Copy to L&D Mngr, HR		……