



PACU ORIENTATION CHECK LIST

	DATE	INITIALS
<u>FIRE</u>		
Located Manual		
Located Pull Box		
Located Fire Extinguisher		
<u>DISASTER</u>		
Located Manual		
<u>OSHA</u>		
Located Manual		
Located Personal Protective Equipment:		
Gloves		
Goggles		
Masks		
Gowns		
<u>HAZARD COMMUNICATION</u>		
Located Manual		
List 2 hazardous products on your unit:		
1. _____		
2. _____		
<u>INFECTION CONTROL</u>		
Review of Tuberculosis Plan		
Location of Manual		
Location of Isolation Sign		

DATE:	INITIALS:	DATE:	INITIALS:	DATE:	INITIALS:	DATE:	INITIALS:
-------	-----------	-------	-----------	-------	-----------	-------	-----------

EMPLOYEE'S SIGNATURE: _____ DATE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____