



Memorandum

Subject: Policy and Procedures - Form

Date: Updated on 01/29/08



Name: _____ **Classification:** _____

As part of your orientation, please confirm below to certify that you have read and understand your obligation under each of the following categories:

| Item Description Reviewed | Date / Initial | Date / Initial | Date / Initial | Date / Initial |
|--|----------------|----------------|----------------|----------------|
| General Business Information | | | | |
| Quality Assurance Standards | | | | |
| State & Federal Required Workplace Posters | | | | |
| Temporary Personnel Policies | | | | |



Memorandum

Subject: Policy & Procedure and Safety Guidelines - Orientation Confirmation Form

Date: Updated on 01/29/08



Name: _____ **Classification:** _____

As part of your orientation, please confirm below to certify that you have read and understand your obligation under each of the following categories:

| Item Description Reviewed | Date / Initial | Date / Initial | Date / Initial | Date / Initial |
|---|----------------|----------------|----------------|----------------|
| Policies and Procedures | | | | |
| Universal Precautions and Infection Control | | | | |
| Blood Borne Pathogens (Hepatitis B) | | | | |
| Tuberculosis | | | | |
| Disaster Management | | | | |
| Fire, Electrical, Safety Guidelines and Hazardous Materials | | | | |
| Body Mechanics | | | | |
| HIPAA / Confidentiality of Patient and Organizational Information | | | | |



Memorandum

Subject: Quality Assurance Standards - Employee In - Service Confirmation Form

Date: Revised on 01/29/08



Name: _____

Classification: _____

As part of your orientation, please confirm below to certify that you have read and understand your obligation under each of the following categories:

| Category | Date / Initial | Date / Initial | Date / Initial | Date / Initial |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| HIV / HBV Awareness | | | | |
| Fire and Safety | | | | |
| Universal Precautions | | | | |
| Infection Control | | | | |
| WA State Abuse Reporting Requirements | | | | |
| Sexual Harassment | | | | |

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|-------|--|--|--|--|
| HIPAA | | | | |
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