

XXXXXX Nuclear Laboratory

New Hire Orientation and Competency Checklist

Employee Name: _____ Employee #: _____

Date of Hire: _____

As part of your orientation, you are expected to have knowledge and understanding (as applicable) of the following procedures, policies, and competencies by the end of your probationary period.

After completion of training on the following policies and procedures obtain signature and date.

Certification/Registration/Licensure/Continuing Education:

| | License # | Current: Y or N | | Expiration Date |
|---------------|-----------|-----------------|----|-----------------|
| | | Yes | No | |
| ARRT(N) | _____ | Yes | No | _____ |
| NMTCB | _____ | Yes | No | _____ |
| ARRT (R) | _____ | Yes | No | _____ |
| State License | _____ | Yes | No | _____ |
| CPR | _____ | Yes | No | _____ |
| ACLS | _____ | Yes | No | _____ |
| Other | _____ | Yes | No | _____ |

Continuing Ed Hours: Category A: _____ Category B: _____

Please Provide Copies of All Cards

Policies and Procedures

| | Staff | Employee | Date |
|---|-------|----------|------|
| Disneyland's Policy and Procedure Manual | | | |
| General Policy and Procedures Manual | | | |
| Fire Safety Plan | | | |
| Emergency Procedures | | | |
| Hazardous Materials Manual | | | |
| Infection Control | | | |
| OSHA | | | |
| HIPAA Policies and Procedures | | | |
| Emergency Crash Cart and Defibrillator | | | |
| Job Description and Evaluation Process | | | |
| Review of Organizational Chart | | | |
| ALARA Program | | | |
| Review of Radiation Safety Policy and Procedures | | | |
| Review of Quality Control Procedure Manual | | | |
| Billing Procedures | | | |
| Patient Identification and Pregnancy/Breast Feeding | | | |

Competencies

| | Staff | Employee | Date |
|---|-------|----------|------|
| Stress Test Prep and EKG placement | | | |
| Stress Test Procedure | | | |
| Vital Signs | | | |
| IV insertion | | | |
| Aseptic/Sterile Technique | | | |
| Injection Techniques | | | |
| Equipment Quality Control | | | |
| Gamma Camera – Daily | | | |
| Weekly | | | |
| Monthly | | | |
| Dose Calibrator | | | |
| Well Counter | | | |
| Survey Meter | | | |
| Procedure Imaging Protocols: | | | |
| Stress/Rest MPI | | | |
| Bone Scan | | | |
| Thyroid Scan and Uptake | | | |
| Parathyroid Scan | | | |
| Thallium Whole Body | | | |
| Radiopharmaceutical: | | | |
| Receiving | | | |
| Preparation | | | |
| Labels | | | |
| Storage and Decay | | | |
| Safety Procedures | | | |
| Radiation Surveys and Wipes | | | |
| Evaluation of Prescription and Patient Assessment | | | |
| Patient Education | | | |
| General Patient Care and Management | | | |
| Safe Radiopharmaceutical handling | | | |
| Radiopharmaceutical selection, dosage and QC review | | | |
| Positioning | | | |
| Pharmacy Computer (i.e. NMIS) if applicable | | | |

| | |
|-----------------|-------------|
| Written: _____ | Date: _____ |
| Revised: _____ | Date: _____ |
| Reviewed: _____ | Date: _____ |
| _____ | Date: _____ |