

**ISU Radiographic Science Program
Clinical Orientation Checklist**

Student Name: _____

Clinical Site: _____

Tech Initials

- | | |
|--|-------|
| 1. Tour of Facility | _____ |
| 2. Tour of Imaging Department | _____ |
| 3. Policy & Procedures | |
| a. Location of Policy & Procedure Manual | _____ |
| b. Location of x-ray exam protocols | _____ |
| c. Orientation to chain of command | _____ |
| 4. Location of Equipment | |
| a. Stretchers/beds | _____ |
| b. Wheelchairs | _____ |
| c. IV poles | _____ |
| d. Oxygen tanks | _____ |
| e. Crash carts | _____ |
| f. Emergency drug trays | _____ |
| g. Suction | _____ |
| h. Personal protective equipment (PPE) | _____ |
| 5. Disaster/ Code/ Fire Procedures | |
| a. Workplace hazards | _____ |
| b. Emergency preparedness | _____ |
| c. Medical emergencies | _____ |
| d. MRI zones I, II, III, IV | _____ |
| 6. HIPAA | _____ |
| 7. Standard precautions | _____ |
| 8. Telephone orientation | _____ |
| 9. Personal item storage | _____ |
| 10. Smoking policy | _____ |
| 11. Pregnancy policy | _____ |
| 12. Parking policy | _____ |
| 13. Restroom locations | _____ |

Clinical Preceptor Signature

Date

Student Signature

Date