New Hire Orientation Scavenger Hunt

Locate all of the following locations/items in the practice and check them off as you successfully locate them.

New Hire Name Date

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| **FOR ALL POSITIONS** | |
|  | Reception desk |
|  | Copy machine |
|  | Business license on the wall |
|  | Waiting room |
|  | Restrooms |
|  | Office Manager’s office |
|  | Billing/Insurance Coordinator’s office |
|  | Doctor’s office |
|  | Admin offices (e.g., patient consultation office, etc.) |
|  | Operatory for imaging |
|  | Supply cabinets in each operatory and any other room |
|  | Lab |
|  | Surgery room (if applicable) |
|  | Fire extinguishers throughout the office |
|  | Kitchenette/breakroom |
|  | Kitchenette/breakroom light switch, refrigerator, microwave, and utensil drawer |
|  | Main office thermostat |
|  | Practice’s sign outside the building |
|  | Parking lot |
|  | Employee parking spots |
|  | Back door to the building (if applicable) |
| **FOR FRONT OFFICE/ADMIN POSITIONS** | |
|  | Your work area |
|  | Patient registration form/tablet |
|  | Location of relevant forms (e.g., patient health history, financial and insurance forms, patient privacy forms, etc.) |
|  | Your computer |
|  | Your phone and any phone equipment you will use (headphones, etc.) |
|  | Contact lists (e.g., vendors, answering service, office security, IT, etc.) |
|  | Practice management software manuals and/or office software protocols (e.g., passwords, email address, etc.) |
|  | Patient files |
|  | Supplies |
| **FOR BACK OFFICE/PATIENT TREAMENT POSITIONS** | |
|  | You work area(s) |
|  | Your computer |
|  | Relevant equipment (including BP device) |
|  | Manuals and/or office protocols for relevant equipment (e.g., for imagining, scanner, practice management software, etc.) |
|  | Sterilization area and lab |
|  | Supplies |
|  | Clean uniforms |
|  | Staff contact lists |
|  | Relevant forms |

You are new oriented. You may complete this checklist several times until you feel familiar with the clinic. Turn in your completed checklist to the Office Manager.

Employee Signature Date

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