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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