

Residential Specialist Short Term Training
To be used for current employees only

Employee name: _____ Program: _____

Check each item as reviewed

- ___ 1. Location of house keys and van keys
- ___ 2. Storage of hazardous chemicals
- ___ 3. Location of supplies: food, personal hygiene items, linens, housekeeping equipment
- ___ 4. Staff sleeping location
- ___ 5. House rules
- ___ 6. Location of phone and important numbers
- ___ 7. Emergency procedures: fire escape plan and meeting place; sprinkler system; location of fire extinguisher
- ___ 8. Location of first aid kit and OSHA supplies
- ___ 9. Individual assistance needs during fire evacuation
- ___ 10. Location of fuse or breaker box
- ___ 11. Location and security of medications
- ___ 12. Location of medication charts
- ___ 13. Administration of medications
- ___ 14. Communication log
- ___ 15. Billing forms
- ___ 16. Individual notes
- ___ 17. Meal time routines
- ___ 18. Care of pets
- ___ 19. Van operation

____ 20. How to give guidance and assistance

____ 21. Supervision

____ 22. Behavior plans

____ 23. Usual daily routines

____ 24. Personal profiles

Comments: _____

Employee Signature

Date

Trainer Signature

Date

When completed give to Human Resource Director

