

# SuperMom's New Employee Training Quiz

Name (Print): Christelle Etas Monte Date: 12.18.18

Language Spoken: \_\_\_\_\_

10 questions (choose one answer per question)

**1. Who is responsible for food safety & quality at SuperMom's?**

- Supervisors  
 Everyone *X*

**2. Food and beverages may be stored in your locker:**

- True  
 False *X*

**3. I must report to my Supervisor if I have:**

- Diarrhea or Vomiting  
 Jaundice  
 Salmonella  
 Lesions with pus (boils or wounds)  
 All of the above.

**4. Only clear nail polish can be worn in the production area.**

- True  
 False

**5. How long should you wash your hands for?**

- 20 Seconds  
 10 Seconds  
 5 Seconds  
 I don't need to wash my hands

**6. Hairnets are required at all times when they are in the production area. Beard nets are required for men with beards.**

- True  
 False

**7. Plain wedding bands are allowed to be worn in production areas.**

- True ~~X~~
- False

**8. All employees are required to wear slip-resistant shoes in production areas.**

- True
- False

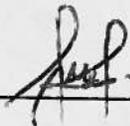
**9. Smocks may be worn outdoors.**

- True
- False

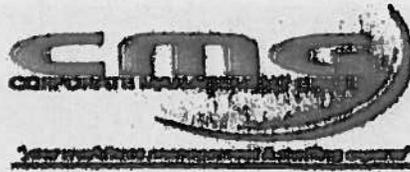
**10. Everyone is required to have an identification badge.**

- True
- False

***By signing below you agree that you have been trained and understand the topics outlined in the training.***

Employee (Signature):  Date: 12.18.18

Training Representative:  Date: 12/18/2018



**Drug & Alcohol Testing Consent Form for Applicants  
Who Have Received a Conditional Offer of Employment – MRO**

**Acknowledgment Receipt**

I acknowledge that I have received a job offer from **CORPORATE MANAGEMENT GROUP (CMG)** conditioned upon my submitting to and passing a drug and alcohol test. I have also received, read and understand **CORPORATE MANAGEMENT GROUP's** Policy and Procedure for Drug and Alcohol Testing ("Policy"). I understand that if I am hired I will be employed on an at-will basis and that this Policy does not alter the at-will nature of the employment relationship.

I hereby agree to submit to drug and alcohol testing under the Company's Policy.

I also understand that test results and other information acquired in the drug and alcohol testing process may be disclosed to and discussed with a Medical Review Officer ("MRO"). I hereby consent to such test results and other information being disclosed to and discussed with an MRO.

X Dated: 12-18-18

X [Signature]  
Employee Signature

X Christelle Etas Koute  
Employee Name (Printed)

**Witnessed by:**

Dated: 12-18-2018

[Signature]  
Witness Signature

Mari Anderson  
Witness Name (Printed)

# TEST RESULTS RECORD

Test Reference Number MD-56101 Name of Collector \_\_\_\_\_

## COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-646-3883 Fax \_\_\_\_\_  
 Address 404 Broadway Ave. City St. Paul Park State/Province MN Zip/Postal Code 55071

## DONOR INFORMATION

Last Name Christelle Employee I.D. \_\_\_\_\_  
 First Name Eras Monte  
 Type of Identification Provided:  Driver's License  Employee Photo I.D.  Other \_\_\_\_\_  
 Reason for test:  Pre-employment  Random  Reasonable cause  Post-accident  Other \_\_\_\_\_

## CERTIFICATION

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.

Donor signature [Signature] Date / Time 12-18-18  
 I hereby certify that I collected the specimen provided by the aforementioned donor and that it was not substituted or adulterated to the best of my knowledge.

Collector signature [Signature] Date / Time 12-18-18 1:50pm  
 Laboratory signature \_\_\_\_\_ Date / Time received \_\_\_\_\_

## TEST RESULTS

Date/Time Collected \_\_\_\_\_  
 Time Interpreted \_\_\_\_\_

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.

Side of Device



Lab extraction ports

Cut out this panel to copy or scan results

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC		<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine	AMP		<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP		<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO		<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC		<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP		<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC		<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD		<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET		<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI		<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY		<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP		<input type="checkbox"/>	<input type="checkbox"/>
_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
_____	_____		<input type="checkbox"/>	<input type="checkbox"/>

Notes / Comments \_\_\_\_\_  
 \_\_\_\_\_  
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