

SuperMom's New Employee Training Quiz

Name (Print): DVane Whitson Date: _____

Language Spoken: English

10 questions (choose one answer per question)

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

- Supervisors
 Everyone

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

- True
 False

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
 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): *Dugne Watson* Date: 10/3/2018

Training Representative: *M. Bander* Date: 10/31/2018



"your workforce management & staffing experts"

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

Acknowledgement 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 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 Offices (MRO). I hereby consent to such test results and other information being disclosed to and discussed with an MRO.

Date: 10/31/2018

Employee Signature

Duane Whitson

Employee Name (Printed)

Date: 10/31/2018

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 55091

DONOR INFORMATION

Last Name Whitson Employee I.D. W203268229505
 First Name Duane
 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.

Duane Whitson _____ Date / Time 10/31/2018
 Donor signature

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.

MB Anderson _____ Date / Time 10/31/2018 10:20am
 Collector signature

 Laboratory signature Date / Time received

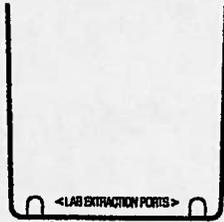
TEST RESULTS

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine	AMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Comments _____
