

SuperMom's New Employee Training Quiz

Name (Print): DUNG THE NGUYEN Date: 8/27/2018

Language Spoken: _____

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

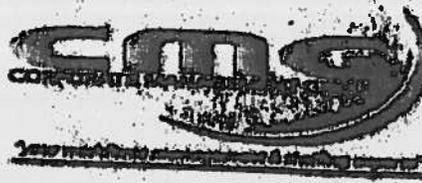
10. Everyone is required to have an identification badge.

- True
- False

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

Employee (Signature): *[Handwritten Signature]* Date: 8/27/2018

Training Representative: *[Handwritten Signature]* Date: 8/27/2018



**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.

Dated: 8/27/2018

Dzung Nguyen
Employee Signature

Dzung The Nguyen
Employee Name (Printed)

Witnessed by:

Dated: 8/27/2018

Robert Hockett
Witness Signature

Robert Hockett
Witness Name (Printed)

TEST RESULTS RECORD

Test Reference Number MD-56101 Name of Collector _____

COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-644-3813 Fax _____
 Address 700 Broadway Ave City St. Paul Park State/Province MN Zip/Postal Code 550

DONOR INFORMATION

Last Name Nguyen Employee I.D. _____
 First Name Dung
 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 Dung Nguyen Date / Time 8/27/2018

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 8/27/2018

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



Drug Name	Expected	Observed	Positive	Ratio
Buprenorphine	BUP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Comments _____

