

SuperMom's New Employee Training Quiz

Name (Print): Enrique Medina Date: 08/22/2018

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): Enrique M.P. Date: 08-22-2018

Training Representative: Jessie Campos Date: 08/22/2018



**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: 08/22/2018

[Signature]
Employee Signature

Enrique Medina
Employee Name (Printed)

Witnessed by:

Dated: 08/22/2018

[Signature]
Witness Signature

Jeppin Campos
Witness Name (Printed)

TEST RESULTS RECORD

Test Reference Number MD-56101 Name of Collector _____

COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-666-3813 Fax _____
 Address 700 Broadway Ave City St. Paul Park State/Province MN Zip/Postal Code 55071

DONOR INFORMATION

Last Name _____ Employee I.D. _____
 First Name _____
 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 08/22/2018

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 08/22/2018

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	Symbol	Negative	Positive	Not tested
Alcohol	ALC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Comments _____

