SuperMom's New Employee Training Quiz

Name (Print): _Jose Antonio Villarreal_ Date: _4-19-18_

Language Spoken: _Spanish English_

10 questions (choose one answer per question)

1. Who is responsible for food safety & quality at SuperMom's?
- [ ] Supervisors
- [x] Everyone

2. Food and beverages may be stored in your locker:
- [ ] True
- [x] False

3. I must report to my Supervisor if I have:
- [ ] Diarrhea or Vomiting
- [ ] Jaundice
- [ ] Salmonella
- [ ] Lesions with pus (boils or wounds)
- [x] All of the above.

4. Only clear nail polish can be worn in the production area.
- [ ] True
- [x] False

5. How long should you wash your hands for?
- [ ] 20 Seconds
- [x] 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.
- [x] 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.

- [x] True
- [ ] False

9. Smocks may be worn outdoors.

- [ ] True
- [x] False

10. Everyone is required to have an identification badge.

- [x] True
- [ ] False

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

Employee (Signature): _____ Date: 9-19-1/

Training Representative: _MBAnderson_ Date: 9/19/2018

CMG

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.
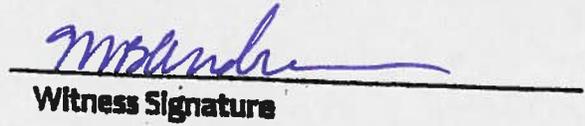
Dated: 9-19-18
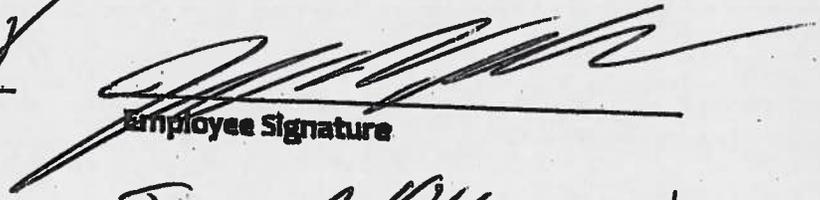
_____
Employee Signature

Jose A Marca
Employee Name (Printed)

Witnessed by:

Dated: 9-19.18

_____
Witness Signature

Mari Anderson
Witness Name (Printed)

TEST RESULTS RECORD

Test Reference Number __MD·S6101__ Name of Collector _____

COMPANY INFORMATION

Company Name __Corporate Management Group__   Phone __651·644·3813__ Fax _____

Address __400 Broadway Ave__ City __St. Paul Park__ State/Province __MN__ Zip/Postal Code __55 0__

DONOR INFORMATION

Last Name __Villasen__ ? Employee I.D. _____

First Name __Jase__

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.

(signature)   Date / Time __9-19-C8__

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.

__MBVandusen__   Date / Time __9/19/18 3:01pm__

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›

Lab extraction ports

Drug Name				
Buprenorphine	BUP		☐	☐
Cocaine	COC		☐	☐
Marijuana	THC		☐	☐
Methamphetamine	MET		☐	☐
Oxycodone	OXY		☐	☐
			☐	☐

Notes / Comments _____

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