

SuperMom's New Employee Training Quiz

Name (Print): Justin Greenlee Date: 08/23/2018

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):

Justin Greener

Date:

08/23/2018

Training Representative:

Melissa

Date:

8/23/2018



**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: 08/23/2018

Justin Greenlee
Employee Signature

Justin Greenlee
Employee Name (Printed)

Witnessed by:
Dated: 8/23/2018

Rachel Pickett
Witness Signature

Rachel Pickett
Witness Name (Printed)

TEST RESULTS RECORD

Test Reference Number MD-96101 Name of Collector _____

COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-644-3873 Fax _____
 Address 700 Broadway Ave City St. Paul Park State/Province MN Zip/Postal Code 55108

DONOR INFORMATION

Last Name Greenlee Employee I.D. _____
 First Name Justin
 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 _____ Date/Time 08/23/2018

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 _____ Date/Time 8/23/2018

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	Control	Positive	Negative	Spot Test
Bupropion	BLP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input 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 _____

