



**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

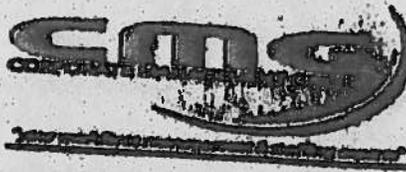
**10. Everyone is required to have an identification badge.**

- True  
 False

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

Employee (Signature): x Mohamed Date: 01-22-19

Training Representative: MB Anderson Date: 1/22/2019



**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.

X Dated: 1-22-19

X Mohamed  
Employee Signature

X MuHAMMED IBRAHIM  
Employee Name (Printed)

Witnessed by:

Dated: 01-22-19

KASSAB OUSOP  
Witness Signature

KASSAB OUSOP  
Witness Name (Printed)

M Anderson  
Mairi Anderson

# TEST RESULTS RECORD

Test Reference Number MD-56101 Name of Collector \_\_\_\_\_

## COMPANY INFORMATION

Company Name Corporate Management Group Phone (651) 464-3883 Fax \_\_\_\_\_  
 Address 404 Broadway Ave. city St. Paul Park State/Province MN Zip/Postal Code 55071

## DONOR INFORMATION

Last Name ABRAHIM Employee I.D. \_\_\_\_\_  
 First Name MOHAMMED  
 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 1-22-19

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 1/22/2019 10:45am

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



Cut out this panel to copy or scan results

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input 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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_