

SuperMom's New Employee Training Quiz

Name (Print): MOHAMED, MOHAMUD Date: 10/30/18

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):  Date: 10/30/18

Training Representative:  Date: 10/30/2018



"your workforce management & staffing experts"

Drug & Alcohol Testing Consent Form for Applicants Who Have Received a Conditional Offer of Employment – MRO

Acknowledgement 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 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 Offices (MRO). I hereby consent to such test results and other information being disclosed to and discussed with an MRO.

Date:

10/30/19


Employee Signature

mohamed
Employee Name (Printed)

Date:

10/30/2018


Witness Signature

Mari Anderson
Witness Name (Printed)

TEST RESULTS RECORD

Test Reference Number MD-56101 Name of Collector _____

COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-646-3883 Fax _____
 Address 404 Broadway Ave. City St. Paul Park State/Province MN Zip/Postal Code 55091

DONOR INFORMATION

Employee I.D. _____
 Last Name Mohamud First Name Mohamed
 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 10/30/18

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.

[Signature] _____ Date / Time 10/30/18 12pm

 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.



Cut out this panel to copy or scan results

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

Notes / Comments _____

