

**Owakini, Inc.**  
**Training Summary Form**

I. **Employee:** Wasra Mohamed **Topic:** ALCOHOL AND DRUG USE 417 **Credit Hours:** 0.5

II. **Description of Training Content:**

Review and instruction on the Owakini Inc. policy for alcohol and drug use and applicability to employees, volunteers, and subcontractors.

III. **Training Procedures**

Training Format

\_\_\_\_ Self Study  
\_\_\_\_ Individualized Training  
\_\_\_\_ Team Meeting  
\_\_\_\_ Owakini Inservice  
\_\_\_\_ Other: \_\_\_\_\_

Instructional Methods

\_\_\_\_  Written: Alcohol & Drug Use Policy  
\_\_\_\_ Oral Presentation and Dialogue  
\_\_\_\_ Guided Observation  
\_\_\_\_ Guided Practice  
\_\_\_\_ Other: \_\_\_\_\_

Competency Evaluations

\_\_\_\_  Knowledge Testing (Quiz)  
\_\_\_\_ Observed Skill Assessment  
\_\_\_\_ Other: \_\_\_\_\_

IV. **Date(s):** 4-16-20 **Trainer/Position:** \_\_\_\_\_

**Time(s):** 10:55 am - 11:20 am **Trainer Signature:** \_\_\_\_\_  
(AM or PM) 25

*I understand the information I received and my responsibilities for implementation with this company and persons served.*

**Employee Signature:** Wasra Mohamed

**Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes. Employees are encouraged to keep a copy of this verification for their personal records.**

# Training Module 417 Quiz ALCOHOL AND DRUG USE

EMPLOYEE NAME: Jasne Mohamed DATE OF QUIZ: 4-2-20

Directions: Upon completion, please return the completed quiz and attached Training Summary Form to your Designated Coordinator (DC) or Designated Manager (DM) for review and approval.

- Owakihi's Alcohol and Drug Use Policy  encompasses the use of alcohol, prescription drugs, chemicals, and illegal drugs.  Yes  No
- You are finishing your shift with a service recipient. The next staff who is scheduled to work shows up visibly intoxicated. How would you handle this situation? Reporting to Administration
- According to Owakihi's policy, being under the influence of alcohol or drugs while working will result in corrective action up to and including Termination.
- Identify your responsibilities if a service recipient is believed to be under the influence of illegal drugs, is believed to be under the influence of alcohol under the legal age of consumption, or is believed to be a victim of potential alcohol poisoning: Staff immediately take necessary action to contact medical professional
- Any employee convicted of criminal drug use or activity must notify the Program Coordinator or Designator Manager no later than 5 days after the conviction.
- a. Please identify any questions that you have regarding alcohol and drug use at Owakihi Inc.: NIA
- b. Based on the information you have reviewed, what further instruction do you need in this training topic to be competent in performing your job responsibilities? NIA
- c. Identify 2 agency resources that you can use for more information and/or consultation:  
1) Complaints Dnr 2) DC

### KNOWLEDGE TESTING BY TRAINER

- Note the question(s) answered incorrectly, and the action taken to assure that the employee understands the correct response(s) \_\_\_\_\_
- The employee identified above has demonstrated competency in completion of the quiz questions.

Signature of DC or DM \_\_\_\_\_ Date \_\_\_\_\_