Owakihi, Inc.

Training Summary Form

I. **Employee:** Pamela Giordano Topic: **ALCOHOL AND DRUG USE 417** Credit Hours: 1.25

Added to time card on 6/17/20

II. **Description of Training Content:**

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

III. **Training Procedures**

Training Format		Instructional Methods		Competency Evaluations	
X	Self Study	X	Written: Alcohol & Drug Use Policy	X	Knowledge Testing (Quiz)
	Individualized Training		Oral Presentation and Dialogue		Observed Skill Assessment
	Team Meeting		Guided Observation		Other:
	Owakihi Inserviceg		Guided Practice		
	Other:		Other:		

IV. Date(s): 06/08/20 (M/D/Y) Trainer/Position: DC

Time(s): 1:00 - 1:15 (AM or PM) Trainer Signature:

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

Employee Signature: Pamela Giordano

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: Pamela Giordano **DATE OF QUIZ:** 06/08/20

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.

1. Owakihi's Alcohol and Drug Use Policy encompasses the use of alcohol, prescription drugs, chemicals, and illegal drugs. X Yes _____ No

2. 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? Stay until some other employee was able to take over + notify supervisor(s) immediately!

3. 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.

4. 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: Contact 911, medical professionals or law enforcement

5. Any employee convicted of criminal drug use or activity must notify the Designated Coordinator or Designated Manager no later than 5 days after the conviction.

6. a. Please identify any questions that you have regarding alcohol and drug use at Owakihi Inc.:
   N/A

   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?
   N/A

   c. Identify 2 agency resources that you can use for more information and/or consultation:
   1) Owakihi Handbook 2) DC/DM

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 6/18/20