

Owakini, Inc.  
**Training Summary Form**

I. Employee: Laurel Reed

Topic: ALCOHOL AND DRUG USE 417

Credit Hours: 1 hr

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):

08/21/2020  
(M/D/Y)

Designated manager  
Trainer/Position:

Time(s):

(AM or PM)

Tina S  
Trainer Signature:

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

Employee Signature: \_\_\_\_\_

*Laurel Reed*

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: Russell Reed DATE OF QUIZ: 8/21/2020

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.  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? I will send the staff home and contact my supervisor. Tell my supervisor about the situation.

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: call medical professionals, call supervisor, nurse.

5. Any employee convicted of criminal drug use or activity must notify the law enforcement or supervisor 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.: None

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? None

c. Identify 2 agency resources that you can use for more information and/or consultation:  
1) Supervisor 2) Nurse

### 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.

Teresa Speelman 8/21/2020  
Signature of DC or DM Date

**BEACON SPECIALIZED LIVING EMPLOYEE HANDBOOK**  
**ACKNOWLEDGEMENT**

I acknowledge that I have received and read the Beacon Specialized Living Employee Handbook.

I understand the policies and procedures that govern my employment with Beacon/Owakihi and agree to comply with these policies and procedures.

I understand that the policies and procedures may be changed or terminated at any time with or without notice. I understand that this Employee Handbook supersedes and replaces any and all previous manuals, handbooks and other policies from Beacon.

I agree to keep the Employee Handbook in my possession during employment with Beacon and to update it when provided with the materials to do so.

I understand that no provision in the Employee Handbook is intended to create any type of employment contract. It is merely descriptive of the current policies and procedures of Beacon.

I understand that each Employee Handbook is the property of Beacon and that copying any section of the Employee Handbook, without management approval, is against Beacon policy.

RANGELL REED

Employee Name (Please Print)



Employee Signature

08/24/2020

Date

***Signed Employee Handbook Acknowledgement to be placed in employee personnel file.***