

Owakihi, Inc.
Training Summary Form

I. Employee: Crystal Scott Topic: ALCOHOL AND DRUG USE 417 Credit Hours: _____

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

Self Study _____ X
Individualized Training _____
Team Meeting _____
Owakihi Inservice _____
Other: _____

Instructional Methods

Written: Alcohol & Drug Use Policy _____ X
Oral Presentation and Dialogue _____
Guided Observation _____
Guided Practice _____
Other: _____

Competency Evaluations

Knowledge Testing (Quiz) _____ X
Observed Skill Assessment _____
Other: _____

IV. Date(s): 5/14/20

Time(s): (M/DX) 2:20 pm - 12:30pm
(AM or PM)

Trainer/Position: _____

Trainer Signature: _____

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

Employee Signature: Crystal Scott

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: Crystal Scott DATE OF QUIZ: 5/14/20

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. Owakihis 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? Would refer for an immediate medical evaluation & contact Management.
3. According to Owakihis 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: immediately take necessary action up to an including contact of medical professionals, all, and or law enforcement.
5. Any employee convicted of criminal drug use or activity must notify the _____ or Program DC or DM no later than 0 days after the conviction.
6. a. Please identify any questions that you have regarding alcohol and drug use at Owakihis 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) Law Enforcement 2) Medical Profession.

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]
Signature of DC or DM

5-25-20
Date