

Owakihi, Inc.
Training Summary Form

I. Employee: Nora Kipper 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

<u>Training Format</u>	<u>Instructional Methods</u>	<u>Competency Evaluations</u>
<input checked="" type="checkbox"/> Self Study	Written: <u>Alcohol & Drug Use Policy</u>	<input checked="" type="checkbox"/> Knowledge Testing (Quiz)
<input type="checkbox"/> Individualized Training	Oral Presentation and Dialogue	<input type="checkbox"/> Observed Skill Assessment
<input type="checkbox"/> Team Meeting	Guided Observation	Other: _____
<input type="checkbox"/> Owakihi Inservice	Guided Practice	
<input type="checkbox"/> Other: _____		

IV. Date(s): 5/14/20 Trainer/Position: _____
Time(s): 8:00 AM - 9:15 PM Trainer Signature: _____
(M/D/Y) (AM or PM)

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

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: Nicole Kipper DATE OF QUIZ: 5/19/20

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. 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? Refer them for an immediate medical evaluation
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: Take necessary action up to and including contact of medical professionals, 911 and/or law enforcement
5. Any employee convicted of criminal drug use or activity must notify the Programs D.C. 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.:
NA
- 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?
NA
- c. Identify 2 agency resources that you can use for more information and/or consultation:
1) law enforcement 2) medical professionals

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

5-29-2020