Owakihi, Inc.

Training Summary Form

I. **Employee:** Mitchell Pender Topic: **ALCOHOL AND DRUG USE 417** Credit Hours: .50

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 Inservice	_____	Guided Practice		
_____	Other: _____	_____	Other: _____		

IV. **Date(s):** 7/1/21 (M/D/Y) Trainer/Position: _____

Time(s): _____ (AM or PM) Trainer Signature: _____

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

Employee Signature: Mitchell Pender

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: Mitchell Price **DATE OF QUIZ:** 6/"

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? Contact DC & DM impaired staff must leave & wait for replacement

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: Medical professional call 911

5. Any employee convicted of criminal drug use or activity must notify the DC or DM 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?
   None

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

[redacted] 7

Signature of DC or DM **Date**