

**PREVENTION OF SUBSTANCE ABUSE IN THE WORKPLACE POST TEST**

**(Please answer the following questions by circling True or False)**

1. PCH addresses workplace substance abuse by having a Substance Abuse Prevention policy and program?  
 True                      False
2. Alcohol and/or drug abuse can lead to increased on-the-job accidents or incidents?  
 True                      False
3. You are helping a co-worker when you ignore, overlook or cover for their substance abuse while at work?  
 True                      False
4. Our Patients can be affected by an employee’s substance abuse?  
 True                      False
5. Substance abuse can include impairment resulting from abuse of prescription medications?  
 True                      False
6. The Prevention of Substance Abuse program is an attempt to ride the workplace of drugs and/or alcohol abuse, not people?  
 True                      False
7. Validated substance abuse (+ positive drug screen results) always results in immediate termination?  
 True                      False
8. It is easy to tell someone is a drug addict just by looking at them?  
 True                      False
9. A sudden or gradual change in an employee’s productivity or quality of work could signal a substance abuse problem if the trend continues?  
 True                      False
10. Reasonable suspicion testing can be initiated by the employee’s manager, the house supervisor, or any manager or senior manager at PCH, if they directly observe physical evidence, behavior and/or a performance concern which is suspect of substance abuse?  
 True                      False
11. In prevention of substance abuse in the workplace program, alcohol is not considered a drug or the same as illicit, illegal pills or substances?  
 True                      False
12. A single drug test can detect the presence of any of several common illegal, illicit drugs?  
 True                      False

**ACKNOWLEDGMENT STATEMENT** By signing this completed evaluation, I acknowledge having received my training on Prevention of Substance Abuse in the Workplace. I understand that it is MY responsibility to read the Self-Study Guide and answer the evaluation questions on MY own.

\_\_\_\_\_  
 Printed Employee Name

\_\_\_\_\_  
 Department

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

\_\_\_\_\_  
 Date