



# Dignity Health™

## Dominican Hospital

### Employee Gym & Wellness Center Competency

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_ Date: \_\_\_\_\_

*Please circle the best answer for the following questions.*

- 1) What steps do I need to complete before using the Employee Wellness Center?
  - A. This module & quiz
  - B. Sign a release waiver
  - C. Receive an MD clearance
  - D. A & B
  - E. All of the above
- 2) I can leave my used belongings in the locker room overnight as well as have my own locker at all times. True/False (circle one)
- 3) If others are present and waiting for equipment I'm using, I should limit my time to (select correct choice)
  - A. 30 minutes
  - B. 60 minutes
  - C. 90 minutes
- 4) In the event of a **medical emergency**:
  - A. Attempt to find someone to assist you
  - B. Call 9-911
  - C. Notify hospital operator at 6666 for assistance
  - D. B & C

## Employee Gym & Wellness Center Competency (page 2)

5) Correct spin bike adjustments include:

- A. The knee should be straight and locked out at the bottom of the pedal stroke.
- B. Handlebars should be lower than the seat.
- C. You should be able to rock when pedaling to ensure you are maximizing your workout.
- D. The handlebars should be far enough away that your shoulders can relax and you can maintain a slight bend in your elbows

6) When using the Employee Wellness Center it is important that

- A. I add the time in TEAM
- B. I wear close-toed shoes
- C. I hydrate properly
- D. B. & C.
- E. I eat snacks while exercising to maintain energy

7) Select the proper process to report an equipment malfunction or failure:

- A. You should report the issue to your supervisor
- B. Unplug, place a sign on the equipment & submit a maintenance work order
- C. Unplug, place a sign on the equipment & contact [EmployeeWellnessDSC@DignityHealth.org](mailto:EmployeeWellnessDSC@DignityHealth.org)
- D. Leave as is and report to Biomed or Security as a hazard

I have completed the Employee Gym & Wellness Center Competency and understand that I may request an in person orientation to address any questions or concerns by checking the box below.

- I would like to request an in person orientation to review proper use of the Employee Gym & Wellness Center equipment.

Employee Signature:

Print Name:

---

---