

TRAINER, SIGN-OFF & CERTIFICATION PACK

Trainer authorization, calibration, employee sign-off, station certification, and position certification controls

PURPOSE

Use when deciding who may train, whether a trainee is truly ready, and whether a station or position can be approved for independent work.

INCLUDED

- ☐ Trainer Sign-Off Standards
- ☐ Trainer Authorization and Calibration
- ☐ Employee Training Sign-Off
- ☐ Station Certification
- ☐ Position Certification
- ☐ Retraining Sign-Off
- ☐ Final Training Approval
- ☐ Daily Training Shift Log

CONTROL NOTE

Use only the pages that solve a real training need. Protect confidential personnel information, follow company policy and applicable law, and verify readiness from observed performance. Blank forms are for authorized internal use at one restaurant location.

TRAINER SIGN-OFF STANDARDS

Trainer Name:

Position / Department:

Manager Name:

Date Reviewed:

Purpose:

Use this page to confirm that trainers understand what it means to sign off on employee training.

A trainer's signature matters.

When a trainer signs off, they are saying the employee has been taught the correct standard, has practiced the task, and has demonstrated the task well enough to move forward.

Trainer sign-off should never be casual.

A trainer should not sign off because they like the employee, trust the employee, want to finish training faster, or feel pressured to move on.

The trainer should sign only when the employee is actually ready.

TRAINER RESPONSIBILITIES

- ☐ Teach the correct standard.
- ☐ Demonstrate the task clearly.
- ☐ Explain why the task matters.
- ☐ Allow the employee to practice.
- ☐ Observe the employee performing the task.
- ☐ Correct mistakes immediately.
- ☐ Have the employee repeat the task when needed.
- ☐ Confirm the employee understands the standard.
- ☐ Document what was completed.
- ☐ Communicate training concerns to the manager.
- ☐ Refuse to sign off if the employee is not ready.

WHAT THE TRAINER MUST VERIFY

Before signing off, the trainer must verify that the employee can:

- ☐ Perform the task correctly.
- ☐ Follow safety rules.
- ☐ Follow sanitation rules.
- ☐ Follow service standards if applicable.
- ☐ Use required tools, supplies, or equipment.
- ☐ Complete the task in the correct order.
- ☐ Recognize when something is wrong.
- ☐ Ask for help when needed.
- ☐ Complete the task without constant reminders.
- ☐ Repeat the task consistently.

TRAINER SIGN-OFF CHECKPOINT

Task or Position Being Trained:

Employee Name:

Date Training Began:

Date Training Reviewed:

Training Status:

- ☐ Introduced
- ☐ Practiced
- ☐ Observed
- ☐ Corrected
- ☐ Ready for sign-off
- ☐ Needs more practice
- ☐ Not ready

Trainer Notes:

Manager Notes:

TRAINER ACKNOWLEDGMENT

I understand that my signature means I have trained, observed, and verified the employee's performance according to the restaurant standard.

I understand that I should not sign off on incomplete training.

Trainer Signature: _____

Manager Signature: _____

Date: _____

TRAINER AUTHORIZATION AND CALIBRATION FORM

Use this form before assigning an employee to train others. Authorization confirms that the trainer understands the approved standard, demonstrates it consistently, documents honestly, and can coach employees without rushing or lowering expectations.

TRAINER INFORMATION

Trainer Name: _____ **Position:** _____

Department/Station: _____ **Date Reviewed:** _____

Manager Completing Review: _____

TRAINER READINESS REQUIREMENTS

- ☐ Consistently performs the position according to approved SOPs and standards.
- ☐ Can explain not only what to do, but why the standard matters.
- ☐ Demonstrates tasks in a clear, organized sequence.
- ☐ Uses the correct recipes, portions, service steps, safety rules, and equipment procedures.
- ☐ Gives the trainee supervised practice instead of only demonstrating the task.
- ☐ Observes performance closely and corrects errors immediately and respectfully.
- ☐ Does not embarrass, insult, rush, threaten, or intentionally confuse the trainee.
- ☐ Documents what was taught, what was practiced, and what still needs follow-up.
- ☐ Signs off only after independent, consistent performance has been observed.
- ☐ Escalates safety, harassment, discrimination, injury, allergy, cash, or serious conduct concerns to management immediately.

TRAINER KNOWLEDGE CHECK

Which SOPs or standards is this trainer authorized to teach?

What tasks or stations are outside this trainer's authorization?

What should the trainer do when the written standard and current practice do not match?

TRAINER CALIBRATION OBSERVATION

LIVE TRAINING OBSERVATION

Employee Being Trained: _____ Task Observed: _____

Observation Date: _____ Shift/Time: _____

- ☐ Trainer stated the objective and completion standard before beginning.
- ☐ Trainer demonstrated the task in the approved sequence.
- ☐ Trainer explained safety, quality, service, and accountability points.
- ☐ Trainee was given enough supervised practice.
- ☐ Trainer asked questions to confirm understanding.
- ☐ Corrections were specific, respectful, and connected to the standard.
- ☐ Trainer documented progress and set a clear next action.

CALIBRATION QUESTIONS

Did the trainer teach the same method required by the current SOP? ☐ Yes ☐ No

Were any personal shortcuts, outdated practices, or conflicting instructions taught? ☐ Yes ☐ No

Corrections or calibration needed:

TRAINER AUTHORIZATION DECISION

- ☐ Fully authorized to train the listed position or station.
- ☐ Authorized with manager follow-up required.
- ☐ Not authorized until additional training is completed.
- ☐ Authorization suspended pending recalibration.

Required Follow-Up Action: _____

Follow-Up Due Date: _____ Recheck Date: _____

Trainer Signature: _____ Date: _____

Manager Signature: _____ Date: _____

Final Approval by GM/Owner: _____ Date: _____

EMPLOYEE TRAINING SIGN-OFF PAGE

Employee Name:

Position:

Department:

- ☐ Front of House
- ☐ Back of House
- ☐ Bar
- ☐ Management
- ☐ Other: _____

Trainer Name:

Manager Name:

Training Start Date:

Training Completion Date:

Purpose:

Use this page to document that an employee has completed training for a specific task, station, or position requirement. This page should be used after the employee has received instruction, practiced the standard, and demonstrated the task correctly.

TRAINING AREA

Training completed for:

- ☐ Position basics
- ☐ Station setup
- ☐ Opening duties
- ☐ Closing duties
- ☐ Cleaning duties
- ☐ Safety and sanitation
- ☐ Guest service
- ☐ POS use
- ☐ Cash handling
- ☐ Food prep
- ☐ Recipe execution
- ☐ Side work
- ☐ Guest recovery
- ☐ Other: _____

TRAINING CONFIRMATION

- ☐ The task or standard was explained.
- ☐ The trainer demonstrated the correct process.
- ☐ The employee practiced the process.
- ☐ The trainer observed the employee.

- ☐ Corrections were given if needed.
- ☐ The employee repeated the task after correction if needed.
- ☐ The employee understands why the standard matters.
- ☐ The employee knows when to ask for help.
- ☐ The employee performed the task correctly.
- ☐ Follow-up was scheduled if needed.

EMPLOYEE PERFORMANCE REVIEW

Employee performance level:

- ☐ Not ready
- ☐ Needs more practice
- ☐ Acceptable
- ☐ Strong
- ☐ Ready for sign-off

What the employee did well:

What still needs improvement:

Follow-up required?

- ☐ Yes
- ☐ No

If yes, follow-up date:

Follow-up action:

SIGN-OFF

Employee Acknowledgment:

I understand the training I received and the standard I am expected to follow.

Employee Signature: _____

Trainer Acknowledgment:

I have trained and observed this employee and believe the training status marked above is accurate.

Trainer Signature: _____

Manager Approval:

- ☐ Approved
- ☐ Not approved yet
- ☐ Follow-up required before approval

Manager Signature: _____ Date: _____

STATION CERTIFICATION PAGE

Employee Name:

Position:

Station:

Department:

- ☐ Front of House
- ☐ Back of House
- ☐ Bar
- ☐ Dish
- ☐ Management
- ☐ Other: _____

Trainer Name:

Manager Name:

Certification Date: _____

Purpose:

Use this page to certify that an employee is ready to work a specific station with limited supervision or independently.

Station certification should happen only after the employee has been trained, observed, corrected when needed, and approved by the trainer or manager.

A station may include a server section, host stand, bar station, cook line station, prep station, dish area, expo, to-go area, or any other defined work area.

Station certification does not mean the employee knows everything.

It means the employee can perform the required duties of that station safely, consistently, and according to the restaurant standard.

STATION BEING CERTIFIED

Station Name:

Primary Duties of This Station:

Required Tools, Equipment, or Systems:

STATION READINESS CHECKLIST

- ☐ Employee understands the station layout.
- ☐ Employee knows required setup.
- ☐ Employee knows required supplies.
- ☐ Employee can complete opening duties.
- ☐ Employee can complete running duties.
- ☐ Employee can complete closing duties.
- ☐ Employee understands safety expectations.
- ☐ Employee understands sanitation expectations.
- ☐ Employee understands guest service expectations if applicable.
- ☐ Employee understands food quality expectations if applicable.
- ☐ Employee understands POS or ticket system expectations if applicable.
- ☐ Employee knows who to ask for help.
- ☐ Employee can communicate with managers and coworkers.
- ☐ Employee can perform the station during real shift conditions.

OBSERVATION REVIEW**Employee was observed during:**

- ☐ Slow shift
- ☐ Moderate shift
- ☐ Busy shift
- ☐ Opening
- ☐ Closing
- ☐ Training shift
- ☐ Live service
- ☐ Other: _____

Employee performance:

- ☐ Not ready
- ☐ Needs more practice
- ☐ Acceptable
- ☐ Strong
- ☐ Ready for certification

What the employee does well on this station:

What still needs follow-up:

CERTIFICATION DECISION

- ☐ Certified for this station
- ☐ Certified with limited supervision
- ☐ Not certified yet
- ☐ Retraining required

Follow-Up Required:

- ☐ Yes
- ☐ No

Follow-Up Date: _____**Employee Acknowledgment:**

I understand the duties and standards required for this station.

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____ Date: _____

POSITION CERTIFICATION PAGE

Employee Name:

Position:

Department:

- ☐ Front of House
- ☐ Back of House
- ☐ Bar
- ☐ Management
- ☐ Other: _____

Trainer Name:

Manager Name:

Certification Date: _____

Purpose:

Use this page to certify that an employee has completed the required training for a position.

Position certification should happen after the employee has completed the position tracker, station training, task mastery review, and manager observation.

This page should not be used to rush training.

It should be used to confirm that the employee is ready to perform the position according to the restaurant's expectations.

POSITION CERTIFICATION CHECKLIST

The employee has completed training for:

- ☐ Restaurant standards
- ☐ Position expectations
- ☐ Station setup
- ☐ Opening duties
- ☐ Closing duties
- ☐ Cleaning duties
- ☐ Safety and sanitation
- ☐ Service standards if applicable
- ☐ Food quality standards if applicable
- ☐ POS or order system if applicable
- ☐ Cash handling if applicable
- ☐ Guest recovery if applicable
- ☐ Team communication
- ☐ Side work or support duties
- ☐ Manager follow-up review

POSITION PERFORMANCE REVIEW

Employee can perform this position:

- ☐ Only with direct supervision
- ☐ With frequent support
- ☐ With limited supervision
- ☐ Independently
- ☐ Independently and at a strong level

Employee strengths:

Employee still needs improvement in:

Manager observation completed?

☐ Yes☐ No**Date of manager observation:**

Shift type observed:☐ Slow☐ Moderate☐ Busy☐ Opening☐ Closing☐ Full shift☐ Other: _____

FINAL POSITION READINESS**Employee understands the position responsibilities:**

- ☐ Yes
☐ No

Employee performs required tasks correctly:

- ☐ Yes
☐ No
☐ Needs more practice

Employee follows safety and sanitation standards:

- ☐ Yes
☐ No
☐ Needs more practice

Employee communicates properly with the team:

- ☐ Yes
☐ No
☐ Needs more practice

Employee is ready to work the position:

- ☐ Yes
☐ No
☐ With limited supervision

CERTIFICATION DECISION

- ☐ Position certified
☐ Position certified with follow-up
☐ Not certified yet
☐ Retraining required before certification

Follow-Up Action:

Follow-Up Date: _____**Employee Acknowledgment:**

I understand the responsibilities, standards, and expectations of this position.

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____ Date: _____

RETRAINING SIGN-OFF PAGE

Employee Name:

Position:

Department:

- ☐ Front of House
- ☐ Back of House
- ☐ Bar
- ☐ Dish
- ☐ Management
- ☐ Other: _____

Manager Name:

Trainer Name if Assigned:

Date Retraining Assigned:

Date Retraining Completed:

Purpose:

Use this page when an employee needs retraining after a standard has been missed, forgotten, changed, or performed incorrectly.

Retraining should not automatically feel like punishment.

In many cases, retraining is the correct professional response when an employee needs the standard explained again, practiced again, or verified again.

Retraining protects consistency.

It also gives the employee a fair chance to correct the issue before stronger accountability is needed.

REASON FOR RETRAINING

Retraining is needed because:

- ☐ Standard was missed.
- ☐ Task was performed incorrectly.
- ☐ Employee forgot the correct process.
- ☐ SOP changed.
- ☐ Position responsibility changed.
- ☐ Safety issue occurred.
- ☐ Sanitation issue occurred.
- ☐ Guest complaint occurred.
- ☐ Food quality issue occurred.
- ☐ Cash handling issue occurred.
- ☐ Opening or closing duty was missed.
- ☐ Manager observation found a training gap.
- ☐ Other: _____

Issue being corrected:

Date issue was observed:

Observed by:

RETRAINING PLAN

Standard to be retrained:

How retraining will happen:

- ☐ Manager explanation
- ☐ Trainer demonstration
- ☐ Employee practice
- ☐ SOP review
- ☐ Checklist review
- ☐ Live shift observation
- ☐ Station walk-through
- ☐ Written review
- ☐ Other: _____

Employee must demonstrate:

Deadline for completion:

RETRAINING COMPLETION CHECKLIST

- ☐ Standard was explained again.
- ☐ Correct process was demonstrated.
- ☐ Employee practiced the task.
- ☐ Employee was observed.
- ☐ Mistakes were corrected.
- ☐ Employee repeated the task if needed.
- ☐ SOP or checklist was reviewed if applicable.
- ☐ Employee understands what must improve.
- ☐ Follow-up date was scheduled.
- ☐ Manager documented completion.

EMPLOYEE RESPONSE

Employee understands the retraining reason:

- ☐ Yes

☐ No

Employee had opportunity to ask questions:

☐ Yes

☐ No

Employee agrees to follow the standard moving forward:

☐ Yes

☐ No

Employee comments:

MANAGER FOLLOW-UP

Follow-up required?

☐ Yes

☐ No

Follow-up date: _____

If the issue continues, next action may include:

☐ Additional coaching

☐ Additional retraining

☐ Written performance correction

☐ Schedule adjustment

☐ Position review

☐ Manager meeting

☐ Other: _____

SIGN-OFF

Employee Signature: _____

Trainer Signature if Applicable: _____

Manager Signature: _____ Date: _____

FINAL TRAINING APPROVAL PAGE

Employee Name:

Position:

Department:

- ☐ Front of House
- ☐ Back of House
- ☐ Bar
- ☐ Dish
- ☐ Management
- ☐ Other: _____

Trainer Name:

Manager Name:

Training Start Date:

Final Approval Date:

Purpose:

Use this page as the final approval record after an employee has completed onboarding, position training, task mastery review, required sign-offs, and manager observation.

Final training approval should mean the employee is ready to perform the position according to the restaurant's standards.

This page should not be completed just because the employee has worked a certain number of shifts.

It should be completed only when the employee has demonstrated readiness.

FINAL TRAINING REVIEW

The employee has completed:

- ☐ New hire onboarding
- ☐ Position training tracker
- ☐ Station training
- ☐ Task mastery review
- ☐ Safety and sanitation training
- ☐ Service standards training if applicable
- ☐ POS training if applicable
- ☐ Cash handling training if applicable
- ☐ Opening duties
- ☐ Closing duties
- ☐ Cleaning duties
- ☐ Manager observation
- ☐ Required retraining if applicable
- ☐ Final follow-up review

MANAGER OBSERVATION**Manager observed employee during:**

- ☐ Slow shift
- ☐ Moderate shift
- ☐ Busy shift
- ☐ Opening
- ☐ Closing
- ☐ Full shift
- ☐ Guest interaction
- ☐ Food preparation
- ☐ Station work
- ☐ Other: _____

Date of final manager observation:

Manager observation notes:

FINAL READINESS CHECK**Employee understands position expectations:**

- ☐ Yes
- ☐ No
- ☐ Needs follow-up

Employee performs required tasks correctly:

- ☐ Yes
- ☐ No
- ☐ Needs follow-up

Employee follows safety and sanitation standards:

- ☐ Yes
- ☐ No
- ☐ Needs follow-up

Employee communicates properly with the team:

- ☐ Yes
- ☐ No
- ☐ Needs follow-up

Employee understands when to ask for help:

- ☐ Yes
- ☐ No
- ☐ Needs follow-up

Employee is ready to work independently:

- ☐ Yes
- ☐ No
- ☐ With limited supervision

EMPLOYEE STRENGTHS

AREAS FOR CONTINUED DEVELOPMENT

FINAL TRAINING DECISION

- ☐ Final training approved

- ☐ Approved with follow-up
 - ☐ Not approved yet
 - ☐ Additional training required
 - ☐ Retraining required
- Follow-Up Action if Needed:**

Follow-Up Date: _____

FINAL ACKNOWLEDGMENT

Employee Acknowledgment:

I understand the standards, responsibilities, and expectations of my position. I understand that training approval does not remove my responsibility to keep following restaurant standards.

Employee Signature: _____

Trainer Acknowledgment:

I have trained and/or observed this employee and believe the training record is accurate.

Trainer Signature: _____

Manager Approval:

I have reviewed the training record and approve the training decision marked above.

Manager Signature: _____ Date: _____

DAILY TRAINING SHIFT LOG

Complete one log for an active training shift. Record what was actually taught and observed, then leave one clear next action for the next trainer or manager.

Employee Name: _____

Position / Station: _____

Trainer: _____

Manager: _____

Date / Shift: _____

TRAINING ACTIVITY

Task / Standard	Expl.	Demo	Practice	Observed	Status
					☐ Not ready ☐ Practice ☐ Ready

SHIFT EVIDENCE AND HANDOFF

What the employee did well:

What still needs practice or correction:

Employee questions / uncertainty:

Next training action: _____

Person responsible: _____

Follow-up date / next shift: _____

Employee Signature: _____ Trainer: _____ Manager: _____