



Manager Certification Check List

Dishwasher

13



Total Time 60 min	Employee		Store		Date	/	/
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Instructions: To complete the Certification process, the manager will do a general review of the Team Member's performance, after they have been trained. The trainee should score at least 3 **out of 4** (80%) to be certified in their position. If their score is less than 80% the Team Member will need to review all training material and reschedule the certification process with their manager.

Manager-Trainer Certification Check List

In order to confirm the Team Member has been certified as a Dishwasher the Manger will confirm, through the check list below, that the Team Member has be thoroughly trained and has knowledge of the position.

1. General Knowledge Yes No

- Has knowledge of description of work and Mission & Values. Knows how to wash, check and clean work area, and knows station tools.
- Has knowledge of position responsibilities, has correct uniform, visor and name tag, knows the Shakey's® menu, uses the PPE (Personal Protect Equipment) correctly.

2. Dishwasher Set up

- Pre-Rinsing
- Soaking dishes
 - Scrapping
- Wash – First Sink
 - How to put together first sink
 - Water should be 110°F
- Rinse – Second Sink
 - Clear, hot water
- Sanitize
 - Sanitizer solution
 - Submerging dishes in sanitizer for 30 seconds
- Air Dry
 - Never use a towel

3. Dishwasher Set up

- Check and Fill
 - Confirm all chemical levels are correct and have the correct ppm
- Pre-rinsing and Scraping
 - Remove all debris or food from dishes
- Wash
 - Load the dishwasher and start the dishwashing process
- Dry
 - Place dishes in designated dry area
 - Never use towel to dry

4. Storing Clean Dishware

- Store everything 6" off the floor
- Clean and sanitize drawers, shelving, and anywhere items are stored.
- Store all glassware with the bottom facing up.
- Store flatware/utensils with handles up.
- Cover equipment food contact surfaces until they are ready to use.
- Make sure all pans are completely dry and stored with the bottoms up



60 min

Total Time	Name of Manager/Trainer Certifier	Trainee initials	Passed/ Completed
			_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No

General Comments (recommendations, suggestions for improvement, etc.)