

# IHOP 201 Completion Record

This document is to be filled out and submitted by the IHOP 201 Training Restaurant Manager. Please ensure that all materials listed below are filled out completely and correctly.

Fax or scan & email this completed document to your Franchise Business Consultant (FBC), then:

- For Manager in Training (MIT) from an outside franchise organization, provide a copy of this Completion Record along with the below listed training documents to the MIT. The MIT is then responsible for submitting their training documents to their supervisor.
- For Manager in Training (MIT) employed within your own franchise organization, submit a copy of this Completion Record along with the below listed training documents to the MIT's supervisor to be filed with the MIT's personnel records according to your organization's policies and procedures.

MIT Name:

Training Start Date:

Training Completion Date:

Training Restaurant #:

Training Restaurant Location: City, State

<input type="checkbox"/> IHOP 201 Completion Record (also keep a copy on file in training restaurant)	
<input type="checkbox"/> Non-Solicitation Policy	<input type="checkbox"/> Integrity Policy
<input type="checkbox"/> IHOP 101 Passport to Success	
<input type="checkbox"/> Safety/Sanitation Test: Final Score ___%	<input type="checkbox"/> Sandwich Station Test: Final Score ___%
<input type="checkbox"/> FOH Combo Station Test: Final Score ___%	<input type="checkbox"/> Dry Grill Station Test: Final Score ___%
<input type="checkbox"/> BOH Combo Station Test: Final Score ___%	<input type="checkbox"/> Wheel Station Test: Final Score ___%
<input type="checkbox"/> Prep Station Test: Final Score ___%	<input type="checkbox"/> Cashier Station Test: Final Score ___%
<input type="checkbox"/> Egg Station Test: Final Score ___%	<input type="checkbox"/> Host/Hostess Station Test: Final Score ___%
<input type="checkbox"/> Fryer Station Test: Final Score ___%	<input type="checkbox"/> Server Station Test: Final Score ___%
<input type="checkbox"/> Wet Grill Station Test: Final Score ___%	<input type="checkbox"/> Menu Written Test: Final Score ___%
<input type="checkbox"/> Training Others Training Verification Form (The MIT should be named as the "Team Member" and Training Restaurant Manager signs the form as the "General Manager". No POC Signature, Certified Trainer Certificate or Pin award is required for 201 MITs.)	

I, \_\_\_\_\_, verify that the above MIT has completed the IHOP 201 Restaurant  
Print 201 Training Restaurant Manager Name

Manager Training Program in full and that the training documents listed above were completed as required.

\_\_\_\_\_  
201 Training Restaurant Manager Signature

\_\_\_\_\_  
Date