

Restaurant: _____

SOP #: _____

Effective Date: ____/____/____

Version: _____

Department: FOH BOH Bar Management All**SOP Title:** _____**Purpose**

Why does this procedure exist? What problem does it solve?

Scope

Who does this apply to? When should it be used?

Applies to: _____**Frequency:** Every shift Daily Weekly As needed Other: _____**Required Materials/Equipment** _____ _____ _____ _____**Procedure Steps**

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____

⚠ Safety/Critical Notes

✓ Best Practice Tips

Quality Standards

How do you know this procedure was done correctly? What does "right" look like?

| Standard/Checkpoint | Acceptable Result | Pass <input type="checkbox"/> |
|---------------------|-------------------|-------------------------------|
| | | <input type="checkbox"/> |

Troubleshooting / Common Issues

| Problem | Possible Cause | Solution |
|---------|----------------|----------|
| | | |
| | | |
| | | |

Training & Competency

Training Required: Watch video Read SOP Shadow trainer Hands-on practice Written test

Estimated Training Time: _____ minutes/hours

Trainer must verify:

- Employee can explain the purpose of this procedure
- Employee can perform all steps without assistance
- Employee knows safety protocols
- Employee can identify when procedure is complete

Related Documents

Related SOPs: _____

Checklists: _____

Forms: _____

Revision History

| Version | Date | Changes Made | Approved By |
|---------|------|-----------------|-------------|
| 1.0 | | Initial release | |
| | | | |

SOP Training Log

| Employee Name | Date | Trainer | Signature | Verified |
|---------------|------|---------|-----------|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Retraining Log (For Updates)

| Version | Employee Name | Date | Signature |
|---------|---------------|------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

By signing above, each employee acknowledges: I have read and understand this SOP. I have received training on how to perform this procedure correctly. I agree to follow this procedure as documented.