

**SOP #:** \_\_\_\_\_

**Version:** \_\_\_\_\_

**Department:** ☐ FOH ☐ BOH ☐ Bar ☐ Management ☐ All

## 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

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**⚠ Safety/Critical Notes**

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**✓ Best Practice Tips**

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**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"/>
		<input type="checkbox"/>
		<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

## 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.