**Restaurant SOP Template**

Restaurant Standard Operating Procedure

**Restaurant / Company Name**

**Street Address**

**City, State, and Zip**

webaddress.com

Version 0.0.0

Date: MM/DD/YY

Department Responsible: Name

| Version History |
| --- |
| Version No. |  | Current Version Date |  |
| **Effective Date** |  | **Expiration Date** |  |
| **Responsible Person** |  | **Signature** |  |
| **Writer** |  | **Approval** |  |

**Review Procedure**

List how often the SOP should be reviewed and updated, and who is responsible.

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**Purpose**

What is the purpose of your SOP? For example, to safely produce and prepare food.

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**Scope**

This procedure applies to anyone who handles, prepares, and serves food.

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**Procedures**

For each of the topics below, describe the procedures step-by-step as your organization performs them.

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| Personal Hygiene |  |
| Washing Hands |  |
| Receiving Deliveries |  |
| Washing Fruits and Vegetables |  |
| Cleaning and Sanitizing Food Contact Surfaces |  |
| Preventing Cross-Contamination |  |
| Preventing Cross-Contamination During Storage and Preparation |  |
| Controlling Time and Temperature During Preparation |  |
| Using Suitable Utensils When Handling Ready-to-Eat Foods |  |
| Cooking Potentially Hazardous Foods and Cooling Potentially Hazardous Foods |  |
| Date Marking Ready-to-Eat Foods, Date Marking Potentially Hazardous Foods |  |
| Holding Hot and Cold Potentially Hazardous Foods |  |
| Reheating Potentially Hazardous Foods |  |
| Using Time Alone as a Public Health Control to Limit Bacteria Growth in Potentially Hazardous Foods |  |
| Using and Calibrating Thermometers |  |
| Transporting Food to Remote Sites (Satellite Kitchens) |  |
| Serving Food |  |
| Handling a Food Recall |  |
| Storing and Using Poisonous or Toxic Chemicals |  |

**Monitoring**

Describe how procedures are monitored and activities logged, and by whom.

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**Corrective Action**

Describe actions if a deviation from the process occurs, such as when employees do not follow procedures.

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**Verification And Record Keeping**

Describe how corrections are verified, by whom, and where and how records are kept and for how long.

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**Signatures**

Obtain signatures from employees to confirm that they have read and understand procedures.

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| **Staff Member Name** | **Signature** | **Date** |
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