**RESTAURANT STANDARD OPERATING PROCEDURE SOP**

**[COMPANY NAME]**

[Street Address]

[City, State and Zip]

[Email Address]

**Version 0.0.0**

**[Date]**

**department responsible**

| 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 handle, prepare, and serve 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 DURING STORAGE AND PREPARATION** |  |
| **CONTROLLING TIME AND TEMPERATURE DURING PREPARATION** |  |
| **USING SUITABLE UTENSILS WHEN HANDLING READY-TO-EAT FOODS** |  |
| **COOKING POTENTIALLY HAZARDOUS FOODS COOLING POTENTIALLY HAZARDOUS FOODS** |  |
| **DATE MARKING READY-TO-EAT, 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** |  |
| **SERVING FOOD** |  |
| **PREVENTING CONTAMINATION AT FOOD BARS** |  |
| **TRANSPORTING FOOD TO REMOTE SITES (SATELLITE KITCHENS)** |  |
| **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 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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