

THE GRAVITY RESTAURANT LEADERSHIP SYSTEM

SOP & Station Operations Builder

Forms Companion Pack

Print-focused collection of model station checklists, operational forms, blank SOP templates, and verification tools.

208 ORIGINAL RESOURCE PAGES

Extracted from Restaurant SOP & Station Operations Builder

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How to Use This Companion Pack

This pack separates the reusable forms, worksheets, checklists, exercises, and control tools from the current source book so managers can print the operating pages without reprinting the full book. Read the source book for instruction, examples, context, and current use guidance.

Included resource groups

- FOH, bar, cook line, prep, and dish-pit tools
- Food-safety and manager-control forms
- Blank SOP, poster, checklist, and form templates
- Binder, coverage, accountability, and certification tools

Control note

Use only the tools that solve a real operating need. Assign an owner, train the standard, preserve required records, and return to [ThomasMonroeBooks.com](https://thomasmonroebooks.com) for current approved releases. This pack does not replace legal, safety, employment, accounting, or regulatory guidance.

QUICK-START GUIDE - TRAIN, VERIFY, AND MAINTAIN

STEP 6 - TRAIN FOR UNDERSTANDING

Explain the purpose, demonstrate the process, allow practice, observe performance, correct errors, and confirm that the employee can explain the critical standards.

STEP 7 - VERIFY DURING REAL OPERATIONS

A classroom explanation is not enough. Verify the standard during opening, service, closing, rush conditions, or the actual situation the SOP controls.

STEP 8 - DOCUMENT THE RESULT

Complete the training sign-off, manager verification, correction record, or incident form. Verbal follow-up alone does not create a reliable operating record.

STEP 9 - REVIEW THE FIRST WEEK

Check whether employees can find the SOP, whether the poster and checklist are useful, whether managers are verifying it, and whether the procedure needs clarification.

STEP 10 - PLACE THE SOP ON A REVIEW CYCLE

Review after incidents, repeated failures, equipment or menu changes, policy changes, and at the scheduled review date.

DEFINITION OF COMPLETE

- ☐ Customized to the restaurant
- ☐ Assigned an SOP ID and version
- ☐ Reviewed by the correct leaders
- ☐ Approved before release
- ☐ Supporting poster/checklist/form created
- ☐ Employees trained
- ☐ Real-shift performance verified
- ☐ Training and verification documented
- ☐ Master index updated
- ☐ Next review date scheduled

An SOP is not complete because it was written. It is complete when it has been approved, trained, verified, documented, and placed under review control.

HOW THIS BOOK FITS THE GRAVITY STANDARDS LIBRARY

This volume is the system-building and implementation workbook. It teaches managers how to identify, prioritize, write, customize, approve, train, verify, revise, and organize restaurant SOPs.

To keep the workbook practical and prevent duplication, the operating sections now contain 36 carefully selected model SOPs. Together they demonstrate front of house, bar, cook line, prep, dish, sanitation, opening and closing, manager-process, and emergency applications.

The model SOPs are not intended to represent every procedure a full-service restaurant may need. They show the standard, structure, level of detail, documentation, checklist, training, and verification process that managers can apply to additional procedures.

The future two-volume Gravity Restaurant SOP Library will contain the expanded ready-to-customize procedure collection. Volume 1 will focus on guest-facing and management standards. Volume 2 will focus on kitchen, safety, sanitation, facility, and emergency standards.

Use this workbook first to build the restaurant's SOP system. Use the companion library later as a larger procedure source. The two products are designed to work together without repeating the same purpose.

WORKBOOK ELITE SCOPE

- ☐ 36 completed model SOPs retained for instruction and customization
- ☐ 12 station posters retained as quick-reference examples
- ☐ Full SOP, poster, checklist, form, document-control, training, revision, and certification builders retained
- ☐ 80 additional operational SOPs preserved in the two Gravity Restaurant SOP Library development-source files

1. Why Restaurant SOPs Matter

Restaurants are busy, fast-moving, people-driven businesses.

During a shift, employees make hundreds of small decisions. They decide how to set up a station, how to greet a guest, how to enter an order, how to label food, how to clean equipment, how to handle a complaint, how to close a station, and how to respond when something goes wrong.

When those decisions are not guided by clear standards, the restaurant becomes inconsistent.

Inconsistency shows up in many ways.

Guests receive different service depending on who is working.

Food looks different depending on which cook is on the line.

Closing duties are missed because no one follows the same checklist.

Prep levels change because each employee guesses differently.

Cleaning standards slip because “clean” means different things to different people.

Managers keep correcting the same problems.

New employees learn different methods from different trainers.

A written SOP helps reduce those problems.

An SOP creates one clear standard for a task or process.

It does not have to be complicated. A strong SOP is simple, specific, practical, and easy to train from.

A restaurant SOP should help an employee understand exactly what to do and why it matters.

The “why” is important.

Employees are more likely to follow a standard when they understand the reason behind it. A server who understands that a quick greeting protects the guest's first impression is more likely to take the greeting seriously. A prep cook who understands that proper labeling protects food safety and reduces waste is more likely to label correctly. A dishwasher who understands that clean dish flow affects the entire restaurant is more likely to prioritize the right items during a rush.

SOPs also protect managers.

A manager cannot fairly hold employees accountable to a standard that has never been written, explained, trained, and verified.

Clear SOPs make accountability more professional.

A manager can say:

“This is the standard.”

“This is why it matters.”

“This is how we trained it.”

“This is what needs to improve.”

“This is when we will follow up.”

That is stronger than correcting employees based on memory, frustration, or personal opinion.

A strong restaurant does not rely only on good employees.

A strong restaurant builds systems that help good employees succeed and help struggling employees improve.

Current SOP Problem Review

Date: _____

Manager Name: _____

Restaurant / Location: _____

Department: _____

Use this worksheet to identify where your restaurant currently needs clearer SOPs.

1. Which station has the most inconsistent performance right now?

2. Which task is performed differently by different employees?

3. Which opening duty is missed most often?

4. Which closing duty is missed most often?

5. Which cleaning task needs a clearer standard?

6. Which food safety task needs a written procedure?

7. Which guest service task needs to be explained more clearly?

8. Which manager process needs a written SOP?

9. Which emergency situation does the restaurant need a clearer plan for?

10. What is the first SOP that should be created or improved?

Why this SOP matters:

Person Responsible: _____

Target Completion Date: _____

Manager Signature: _____

2. What a Restaurant SOP Is

A restaurant SOP is a written standard for how a task, station, process, or situation should be handled.

An SOP should be clear enough that a manager can train from it, an employee can follow it, and another manager can verify it.

A good SOP does not simply say:

"Clean the station."

That is too vague.

A better SOP explains what clean means.

It may include:

What surfaces must be wiped

What products must be stored

What tools must be washed

What floors must be swept and mopped

What trash must be removed

What labels must be checked

What the manager should inspect before the employee leaves

A good SOP turns unclear expectations into visible standards.

SOPs can be used for many parts of restaurant operations, including:

Host stand procedures

Server service steps

Bar setup and closing

Cook line station setup

Recipe execution

Prep procedures

Dish pit flow

Cleaning tasks

Sanitation standards

Opening and closing duties

Guest complaint response

Manager walkthroughs

Cash handling

Labor cut decisions

Emergency situations

An SOP is not only a rule.

It is a training tool.

It helps new employees learn the job correctly. It helps trainers stay consistent. It helps experienced employees stay aligned. It helps managers identify whether a problem is a training issue, a system issue, or an accountability issue.

An SOP should not be written once and forgotten.

Restaurant operations change. Menus change. Equipment changes. Staffing changes. Health department requirements may change. Service standards may change. When the restaurant changes, SOPs must be reviewed and updated.

A weak SOP sits in a binder and is ignored.

A strong SOP is used during training, posted where employees need it, checked by managers, and updated when the operation changes.

SOP Definition and Purpose Page

SOP Title: _____

Department:

- ☐ Front of House
- ☐ Back of House
- ☐ Bar
- ☐ Prep
- ☐ Dish
- ☐ Cleaning / Sanitation
- ☐ Management
- ☐ Emergency
- ☐ Other: _____

Station / Process: _____

Purpose of This SOP:

Why This SOP Is Needed:

This SOP should help employees:

- ☐ Understand the correct process
- ☐ Follow the same steps every time
- ☐ Protect guest experience
- ☐ Protect food safety
- ☐ Reduce waste
- ☐ Reduce mistakes
- ☐ Improve speed
- ☐ Improve cleanliness
- ☐ Improve communication
- ☐ Complete opening duties correctly
- ☐ Complete closing duties correctly
- ☐ Respond correctly during problems
- ☐ Other: _____

Who should be trained on this SOP?

- ☐ New employees
- ☐ Current employees
- ☐ Trainers
- ☐ Shift leads
- ☐ Managers
- ☐ All employees
- ☐ Position-specific employees: _____

How often should this SOP be reviewed?

- ☐ During onboarding
- ☐ During position training
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ After a mistake happens
- ☐ After a menu, equipment, or process change
- ☐ Other: _____

Manager Notes:

Manager Signature: _____

Date: _____

3. What Every SOP Should Include

A strong SOP should be easy to understand and easy to use.

It should not be written like a legal document. It should be written like an operational tool.

Every SOP in this workbook should include the same basic structure so managers and employees know what to expect.

The most important parts are:

SOP Title

The name of the task, station, or process.

Department

The area of the restaurant connected to the SOP.

Station

The exact station or work area where the SOP applies.

Purpose

A short explanation of what the SOP is designed to accomplish.

Why It Matters

The reason the task affects the restaurant, the guest, the team, safety, food quality, cost, or accountability.

Who Performs This Task

The position responsible for doing the work.

When It Is Performed

The time, shift, situation, or frequency when the task should be completed.

Tools / Equipment Needed

The supplies, equipment, forms, or systems needed to complete the task.

Safety or Sanitation Notes

Any food safety, personal safety, chemical safety, allergy, equipment, or health department concerns.

Step-by-Step Procedure

The correct order of steps.

Quality Standard

What the task should look like when completed correctly.

Common Mistakes to Avoid

The errors that happen most often and should be prevented.

Manager Verification

How a manager, trainer, or lead will confirm the SOP was followed correctly.

Training Sign-Off

Confirmation that the employee was trained and can perform the task.

Review Date

The date the SOP should be reviewed or updated.

The "Why It Matters" section should never be skipped.

This section helps employees understand that the SOP is not just paperwork. It connects the task to real restaurant outcomes.

For example:

A handwashing SOP matters because it protects guests, employees, and food safety.

A table greeting SOP matters because it shapes the guest's first impression.

A line setup SOP matters because poor setup slows ticket times and increases mistakes.

A power outage SOP matters because lighting, refrigeration, cooking equipment, payment systems, and guest safety may all be affected.

When employees understand why a procedure matters, they are more likely to take ownership of the standard.

Basic Restaurant SOP Format

SOP Title: _____

Department: _____

Station / Process: _____

Purpose: _____

Why It Matters: _____

Who Performs This Task: _____

When It Is Performed: _____

Tools / Equipment / Supplies Needed: _____

1. _____

2. _____

3. _____
4. _____
5. _____

Safety or Sanitation Notes:

Step-by-Step Procedure:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Quality Standard:

The task is completed correctly when:

Common Mistakes to Avoid:

1. _____
2. _____
3. _____

Manager Verification:

Manager / Trainer should verify that:

- ☐ Employee understands the purpose of the SOP.
- ☐ Employee understands why it matters.
- ☐ Employee can explain the correct standard.
- ☐ Employee can perform the steps in order.
- ☐ Employee can complete the task during real shift conditions.
- ☐ Employee can avoid common mistakes.
- ☐ Employee knows when to ask for help.
- ☐ Employee is ready for sign-off.
- ☐ Follow-up is needed.

Follow-Up Needed:

- ☐ Yes
- ☐ No

Follow-Up Notes:

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

4. How to Write SOPs Employees Can Actually Follow

A restaurant SOP only works if employees can understand it and managers can train from it.

If the SOP is too long, too vague, too complicated, or too disconnected from the real shift, employees will ignore it.

The best SOPs are clear, direct, and practical.

Use simple language.

Instead of writing:

"Ensure the guest-facing environment remains presentable."

Write:

"Keep the host stand clean, organized, and free of trash, old menus, personal drinks, and unnecessary items."

Use action words.

Start steps with words like:

Check

Clean

Stock

Label

Remove

Notify

Record

Wash

Sanitize

Verify

Store

Lock

Turn off

Report

Avoid vague words when possible.

Words like properly, regularly, clean, ready, good, and organized can mean different things to different employees.

Be specific.

Instead of:

"Restock the server station."

Write:

"Restock napkins, straws, receipt paper, clean menus, to-go boxes, silverware, and condiments before the shift begins."

Put steps in the correct order.

Restaurant work often depends on sequence. A prep cook should not label product after it has already been stored and forgotten. A cook should not start service without checking station backup. A manager should not lock the building before completing the final walkthrough.

Include standards that can be checked.

A manager should be able to look at the task and know whether it was done correctly.

For example:

All food containers are labeled with product name, prep date, use-by date, and employee initials.

All clean dishes are dry, free of food residue, and stored in the correct location.

All server stations are stocked before the first guest is seated.

All cash drawers are counted and verified before the employee leaves.

Include the common mistakes.

Many SOPs become stronger when they explain what usually goes wrong.

Common mistakes help managers prevent repeat problems before they happen.

A good SOP should not embarrass employees. It should help them succeed.

Clear SOP Language Checklist

SOP Title: _____

Department / Station: _____

Date Reviewed: _____

Manager Name: _____

Use this checklist to make sure the SOP is clear enough for employees to follow.

SOP Clarity Review

- ☐ The SOP title is clear.
- ☐ The department or station is identified.
- ☐ The purpose is easy to understand.
- ☐ The "Why It Matters" section explains the importance of the task.

- ☐ The responsible position is listed.
- ☐ The timing or frequency is clear.
- ☐ Required tools, supplies, or equipment are listed.
- ☐ Safety or sanitation notes are included if needed.
- ☐ Steps are written in the correct order.
- ☐ Each step starts with a clear action.
- ☐ The wording is simple and direct.
- ☐ The SOP avoids vague instructions.
- ☐ The quality standard is measurable or observable.
- ☐ Common mistakes are listed.
- ☐ Manager verification is included.
- ☐ Training sign-off is included.
- ☐ Review date is included.

Words or instructions that need to be made clearer:

Steps that need more detail:

Standards that need to be more measurable:

Safety or sanitation notes that should be added:

Manager Notes:

SOP Approved for Training?

- ☐ Yes
- ☐ No
- ☐ Needs revision first

Revision Needed By: _____

Manager Signature: _____

5. How to Customize SOPs for Your Restaurant

No two restaurants operate exactly the same way.

Even restaurants with similar menus may have different layouts, equipment, staffing levels, table numbers, storage areas, POS systems, service styles, hours, recipes, cleaning schedules, and management expectations.

That is why SOP templates must be customized.

This workbook gives you a strong starting point, but each SOP should be adjusted before it becomes an official restaurant standard.

A server SOP should match your service style.

A bar SOP should match your drink menu, alcohol rules, glassware, storage areas, and responsible alcohol service policy.

A cook line SOP should match your equipment, menu items, station layout, portion tools, recipe cards, and ticket system.

A prep SOP should match your par levels, labeling system, storage areas, shelf-life standards, and production needs.

A dish SOP should match your dish machine, rack system, chemical setup, dish pit layout, and closing duties.

A manager SOP should match your authority structure, cash handling rules, labor expectations, incident reporting process, and owner communication standards.

Emergency SOPs require special attention.

Emergency procedures must be customized to match your building layout, shelter areas, exits, alarm system, emergency lighting, local weather risks, fire department guidance, health department requirements, company policy, insurance requirements, and local law.

A template is not enough for emergency planning.

Ownership and management should review emergency SOPs carefully and make sure employees know what to do before an emergency happens.

Customization makes the SOP real.

A generic SOP may sound good on paper.

A customized SOP can actually be trained, posted, followed, and verified.

Restaurant-Specific SOP Adjustment Page

SOP Title: _____

Department / Station: _____

Manager Name: _____

Date: _____

Use this page to adjust the SOP so it matches your restaurant.

Restaurant Details That Affect This SOP**1. What equipment is used for this task?**_____
_____**2. Where is this task performed?**_____
_____**3. What supplies are needed?**_____
_____**4. What menu items, products, or service steps affect this SOP?**_____
_____**5. What health department, food safety, or sanitation rules apply?**_____
_____**6. What company policies apply?**_____
_____**7. What position is responsible for this task?**

8. When should this task be completed?

- ☐ Opening
- ☐ During shift
- ☐ Before rush
- ☐ After rush
- ☐ Closing
- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ During emergency
- ☐ Other: _____

9. Who verifies completion?

- ☐ Trainer
- ☐ Shift Lead
- ☐ Manager
- ☐ General Manager
- ☐ Owner
- ☐ Other: _____

10. What does “done correctly” look like in this restaurant?_____
_____**Restaurant-Specific Changes Needed:**_____
_____**SOP Ready to Use?**

- ☐ Yes
☐ No
☐ Needs more review

Reviewed By: _____

Manager Signature: _____

Date: _____

6. How to Turn an SOP Into a Station Poster

A station poster is a short visual reminder of the most important parts of an SOP.

It is not meant to replace the full SOP.

It is meant to help employees remember the standard while they are working.

A strong station poster should be simple enough to read quickly during a shift.

It should focus on the most important behaviors, safety points, or steps.

For example, a full server table greeting SOP may include detailed instructions about timing, tone, specials, guest pace, and manager follow-up.

The station poster may simply remind servers:

Greet quickly.

Make eye contact.

Offer drinks.

Mention specials.

Read the guest's pace.

Communicate problems early.

That type of poster helps keep the standard visible.

Station posters are especially useful for:

Host stands

Server stations

Bar stations

Cook line stations

Prep areas

Dish pits

Handwashing sinks

Chemical storage areas

Walk-in coolers

Closing check areas

Emergency procedure areas

Posters should be clean, professional, and easy to read.

Avoid clutter.

Avoid tiny text.

Avoid turning the poster into a full training manual.

Use the full SOP for training.

Use the poster for quick reminders.

A good poster helps employees stay aligned without needing a manager to repeat the same correction every shift.

Station Poster Builder

Poster Title: _____

Station / Area: _____

Purpose of Poster:

Main Standard or Reminder:

Top 5 to 8 Actions Employees Must Remember:

1. _____

2. _____

3. _____

4. _____

5. _____
6. _____
7. _____
8. _____

Safety or Sanitation Reminder:

When to Notify a Manager:

What Employees Should Avoid:

Best Place to Post This:

- ☐ Host stand
- ☐ Server station
- ☐ Bar
- ☐ Cook line
- ☐ Prep area
- ☐ Dish pit
- ☐ Walk-in cooler
- ☐ Dry storage
- ☐ Office
- ☐ Employee area
- ☐ Back door
- ☐ Chemical storage
- ☐ Restroom check area
- ☐ Other: _____

Poster Review

- ☐ Wording is short.
- ☐ Text is easy to read.
- ☐ Standard is clear.
- ☐ Poster matches the full SOP.
- ☐ Manager approved the poster.
- ☐ Employees have been shown the poster.

Manager Signature: _____

Date Posted: _____

Review Date: _____

7. How to Turn an SOP Into a Checklist

A checklist turns an SOP into a tool employees and managers can use during the shift.

An SOP explains the full procedure.

A checklist helps confirm the procedure was completed.

Checklists are useful because restaurant shifts move quickly. Employees may know what to do but still miss steps when the restaurant is busy, understaffed, or stressful.

A checklist helps prevent missed work.

Use checklists for tasks that must be completed repeatedly.

Examples include:

Opening duties

Closing duties

Station setup

Side work

Prep completion

Bar setup

Line readiness

Dish pit closing

Restroom checks

Temperature checks

Walk-in organization

Manager walkthroughs

Emergency response steps

A checklist should be short enough to use.

If a checklist is too long, employees may rush through it without thinking.

Group checklist items by category when possible.

For example, a server opening checklist may include:

Station Setup

Dining Room Readiness

Guest Supplies

POS and Paper Supplies

Manager Verification

A manager checklist may include:

Building

Staffing

Food Safety

Guest Areas

Labor

Cash

Final Walkthrough

A checklist should include a place for initials, date, and manager verification when the task affects safety, cleanliness, guest experience, cash, or closing security.

Checklists create visibility.

They help managers see whether the work was completed, who completed it, and what still needs attention.

Checklist Builder Page

Checklist Title: _____

Department / Station: _____

Purpose of Checklist: _____

When This Checklist Should Be Used:

- ☐ Opening
- ☐ Before service
- ☐ During shift
- ☐ Before rush
- ☐ After rush
- ☐ Closing
- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Emergency
- ☐ Other: _____

Checklist Items

1. ☐ _____
2. ☐ _____
3. ☐ _____
4. ☐ _____
5. ☐ _____
6. ☐ _____
7. ☐ _____
8. ☐ _____
9. ☐ _____
10. ☐ _____
11. ☐ _____
12. ☐ _____
13. ☐ _____
14. ☐ _____
15. ☐ _____

Employee Completing Checklist: _____

Date: _____

Time Started: _____

Time Completed: _____

Manager Verification

- ☐ Checklist completed fully.
- ☐ Checklist completed partially.
- ☐ Corrections were needed.
- ☐ Follow-up is required.

Items Needing Correction:

Manager Notes:

Employee Initials: _____

Manager Initials: _____

8. How to Turn an SOP Into a Form

Some restaurant situations need more than a checklist.

They need documentation.

A form creates a written record of what happened, who was involved, what action was taken, and what follow-up is needed.

Forms are useful for situations such as:

Guest complaints

Employee coaching

Injuries**Food safety concerns****Equipment problems****Power outages****Refrigeration failures****POS outages****Labor cuts****Cash drawer issues****Side work inspection****Temperature corrections****Cleaning verification****Waste tracking****Incident reports**

A good form should be simple and direct.

It should collect the information a manager needs without becoming confusing.

Most forms should include:**Date****Time****Manager name****Employee name if applicable****Station or department****Description of issue****Immediate action taken****Follow-up needed****Person responsible****Deadline****Manager signature**

Forms help protect the restaurant because they create accountability.

They also help managers see patterns.

One guest complaint may be an isolated issue.

Five complaints about slow greeting may show a host stand training problem.

One temperature correction may be a normal adjustment.

Repeated cooler temperature problems may show equipment failure, poor door control, or lack of manager follow-up.

Forms turn problems into information.

Information helps managers make better decisions.

Manager Documentation Form Builder**Form Title:** _____**Purpose of Form:**_____
_____**When This Form Should Be Used:**

- ☐ Guest complaint
- ☐ Employee coaching
- ☐ Training issue
- ☐ Safety concern
- ☐ Food safety concern
- ☐ Cleaning issue
- ☐ Equipment problem
- ☐ Emergency incident
- ☐ Cash handling issue
- ☐ Labor decision
- ☐ Opening issue
- ☐ Closing issue
- ☐ Other: _____

Basic Information**Date:** _____**Time:** _____**Manager Name:** _____

Department / Station: _____

Employee Name if Applicable: _____

Guest Name if Applicable: _____

Description of Issue or Situation:

Immediate Action Taken:

Was the issue corrected during the shift?

☐ **Yes**

☐ **No**

☐ **Partially**

☐ **Not applicable**

Follow-Up Needed:

☐ **Yes**

☐ **No**

Follow-Up Action Required:

Person Responsible: _____

Deadline / Follow-Up Date: _____

Manager Notes:

Manager Signature: _____

Employee Signature if Applicable: _____

9. SOP Training and Sign-Off Process

An SOP does not help the restaurant if employees are never trained on it.

Posting an SOP is not the same as training an SOP.

Handing someone a checklist is not the same as confirming they understand the task.

Managers and trainers should use a clear process when training employees on SOPs.

The process should be:

Explain the SOP.

Explain why it matters.

Demonstrate the task.

Let the employee practice.

Observe the employee during real work.

Correct mistakes immediately.

Have the employee repeat the task.

Verify consistency.

Document sign-off.

Schedule follow-up if needed.

Employees should not be signed off just because they heard the explanation.

They should be signed off when they can perform the task correctly and consistently during real restaurant conditions.

For example, a host should not be signed off on seating rotation only because they understand the chart.

They should be observed seating guests during an actual shift.

A cook should not be signed off on line setup only because they watched someone else set up.

They should complete the setup correctly, using the right tools, product, portions, labels, and sanitation standards.

A manager should not be signed off on closing procedures only because they read the closing checklist.

They should complete a full closing walkthrough and verify the building, cash, equipment, food storage, security, and notes.

Training should always connect the written SOP to real performance.

The goal is not paperwork.

The goal is consistent execution.

SOP Training Sign-Off Page

SOP Title: _____

Department / Station: _____

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Training Date: _____

Training Process

- ☐ SOP was explained to the employee.
- ☐ The purpose of the SOP was reviewed.
- ☐ The "Why It Matters" section was reviewed.
- ☐ Tools, supplies, or equipment were reviewed.
- ☐ Safety or sanitation notes were reviewed.
- ☐ Trainer demonstrated the task.
- ☐ Employee practiced the task.
- ☐ Employee was observed performing the task.
- ☐ Corrections were given if needed.
- ☐ Employee repeated the task after correction.
- ☐ Employee performed the task during real shift conditions.
- ☐ Manager or trainer verified performance.
- ☐ Follow-up date was scheduled if needed.

Employee Understanding

Employee can explain:

- ☐ What the SOP is for.
- ☐ Why the SOP matters.
- ☐ When the task should be completed.
- ☐ What tools or supplies are needed.
- ☐ What safety or sanitation rules apply.
- ☐ What mistakes should be avoided.
- ☐ When to notify a manager.

Performance Review

Employee performance:

- ☐ Not ready
- ☐ Needs more practice
- ☐ Acceptable
- ☐ Strong
- ☐ Ready for sign-off

Correction Needed:

Follow-Up Required:

- ☐ Yes
- ☐ No

Follow-Up Date: _____

Final Sign-Off

Employee is approved to perform this SOP independently:

- ☐ Yes
- ☐ No
- ☐ With limited supervision

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date: _____

10. SOP Review and Update System

A restaurant SOP should not be permanent without review.

Operations change.

A menu item may change.

A station may be moved.

A new piece of equipment may be added.

A health department requirement may need attention.

A manager may identify a better process.

An emergency may reveal a gap.

A repeated mistake may show that the SOP is unclear.

When something changes, the SOP should be reviewed.

SOPs should also be reviewed on a regular schedule.

Some SOPs may need monthly review, especially safety, sanitation, cash handling, emergency procedures, and manager closing duties.

Other SOPs may only need quarterly or semiannual review.

The important thing is that someone owns the review process.

A good SOP review should ask:

Is this SOP still accurate?

Is the process still being followed?

Are employees trained on it?

Is the station poster still posted?

Is the checklist being used?

Are managers verifying completion?

Are there repeated mistakes?

Does the SOP need clearer wording?

Does the SOP need to be retrained?

Reviewing SOPs keeps the system alive.

A binder full of outdated procedures can create confusion.

A reviewed and updated SOP system creates structure.

The manager's job is not just to write SOPs.

The manager's job is to keep them useful.

SOP Review and Update Log

SOP Title: _____

Department / Station: _____

Original SOP Date: _____

Review Date: _____

Reviewed By: _____

Reason for Review:

☐ Regular scheduled review

☐ Repeated mistake

☐ Training issue

☐ Guest complaint

☐ Food safety concern

☐ Equipment change

☐ Menu change

☐ Staffing change

☐ Emergency issue

☐ Manager request

☐ Owner / GM request

☐ Other: _____

Review Questions

1. Is the SOP still accurate?

☐ Yes

☐ No

☐ Needs minor update

Notes:

2. Are employees currently following the SOP?

☐ Yes

☐ No

☐ Sometimes

☐ Not sure

Notes:

3. Has the SOP been trained to all required employees?

- ☐ Yes
☐ No
☐ Partially

Employees or positions still needing training:

4. Is the station poster still posted and readable if applicable?

- ☐ Yes
☐ No
☐ Not applicable

Notes:

5. Is the checklist being used correctly if applicable?

- ☐ Yes
☐ No
☐ Sometimes
☐ Not applicable

Notes:

6. Are managers verifying the standard?

- ☐ Yes
☐ No
☐ Sometimes

Notes:

7. What repeated mistakes are still happening?

8. What needs to be changed in the SOP?

Update Completed?

- ☐ Yes
☐ No
☐ Not needed

Updated By: _____

Date Updated: _____

Retraining Needed?

- ☐ Yes
☐ No

Retraining Deadline: _____

Manager Signature: _____

Owner / GM Signature if Required: _____

ELITE SYSTEM TOOL: SOP DOCUMENT CONTROL STANDARD

A controlled SOP system makes it clear which version is current, who owns it, who approved it, what changed, where it is used, and when it must be reviewed again.

Required control fields for every master SOP:

- ☐ SOP identification number
- ☐ SOP title
- ☐ Department and station/process
- ☐ Version number
- ☐ Effective date
- ☐ Department owner
- ☐ Written by
- ☐ Reviewed by
- ☐ Approved by
- ☐ Previous version replaced
- ☐ Next review date
- ☐ Change summary
- ☐ Posting or distribution locations
- ☐ Training required after revision

Document-control rules:

- ☐ Only the approved current version should be posted, trained, or used as the operating standard.
- ☐ Drafts must be marked as drafts and kept separate from approved master copies.
- ☐ When an SOP is revised, the previous version should be removed from stations, digital folders, training packets, and binders.
- ☐ Retired versions should be marked RETIRED, dated, and stored according to the restaurant's records policy.
- ☐ Changes that affect employee work must be communicated and retrained before the new version is enforced.
- ☐ The SOP master index must be updated whenever a document is created, revised, replaced, or retired.

SOP DOCUMENT CONTROL COVER SHEET

SOP ID		Version	
SOP Title		Effective Date	
Department Owner		Next Review Date	
Written By		Date Written	
Reviewed By		Date Reviewed	
Approved By		Date Approved	
Previous Version		Training Required	☐ Yes ☐ No
Distribution / Posting Locations			

Change Summary:

Documents, posters, checklists, forms, or training materials that must be replaced:

Manager Confirmation: I verified that outdated copies were removed and affected employees were informed or retrained.

Manager Signature: _____ **Date:** _____

ELITE SYSTEM TOOL: SOP GOVERNANCE & APPROVAL MATRIX

Use this matrix to prevent conflicting standards, unauthorized changes, and unclear ownership. Replace the sample role names with your restaurant's actual positions.

Activity	Owner / GM	Department Mgr	Food-Safety Lead	Trainer	Shift Lead
Draft a new SOP	A	R	C	C	I
Review food-safety content	A	C	R	I	I
Approve operational SOP	A	R	C	I	I
Approve emergency SOP	A	R	C	I	I
Authorize posting / release	A	R	C	I	I
Train employees	I	A	C	R	C
Verify shift compliance	I	A	C	C	R
Revise an SOP	A	R	C	C	I
Retire / replace an SOP	A	R	C	I	I

Key: R = Responsible for completing the work A = Final accountability / approval C = Consulted I = Informed

Restaurant-specific authority notes:

SOP APPROVAL WORKFLOW

- ☐ 1. Need identified and risk priority scored.
- ☐ 2. Draft assigned to a named owner.
- ☐ 3. Draft tested against actual restaurant operations.
- ☐ 4. Required subject-matter review completed.
- ☐ 5. Final approver signs and assigns effective date.
- ☐ 6. Supporting poster, checklist, form, and training materials prepared.
- ☐ 7. Employees trained and real-shift verification completed.
- ☐ 8. Master index updated and superseded versions removed.
- ☐ 9. Follow-up review scheduled.

Draft Owner: _____

Required Reviewers: _____

Final Approver: _____ **Effective Date:** _____

Training Deadline: _____ **First Follow-Up:** _____

ELITE SYSTEM TOOL: SOP RISK-PRIORITY MATRIX

Score each proposed or outdated SOP from 0 to 3 in every category. Use the total to decide what must be built, revised, trained, or verified first.

Score	Meaning	Score	Meaning
0	No meaningful exposure	2	Moderate or recurring exposure
1	Low or occasional exposure	3	High, immediate, or severe exposure
Use evidence when possible: incidents, guest complaints, audits, waste, injuries, retraining, manager observations, and repeated errors.			

SOP / Process: _____ Department: _____

Risk Category	Score	Evidence / Reason	Verified
Guest safety	0 1 2 3		☐
Food safety	0 1 2 3		☐
Employee safety	0 1 2 3		☐
Legal / regulatory exposure	0 1 2 3		☐
Financial loss	0 1 2 3		☐
Guest-experience impact	0 1 2 3		☐
Operational disruption	0 1 2 3		☐
Frequency of failure	0 1 2 3		☐
Training difficulty	0 1 2 3		☐

TOTAL SCORE: _____ / 27

0-6: Monitor / low priority

7-13: Schedule improvement

14-20: High priority

21-27: Immediate leadership action

Decision: ☐ Create new SOP ☐ Revise current SOP ☐ Retrain ☐ Increase verification ☐ Retire / replace

Owner: _____ **Deadline:** _____ **Follow-Up:** _____

COMPLETED RISK-PRIORITY EXAMPLE

Example Process: Allergy Order Communication Department: FOH / Kitchen / Management

Risk Category	Score	Reason
Guest safety	3	A communication failure could cause severe harm.
Food safety	3	The process controls allergy communication and preparation.
Employee safety	0	No direct employee-safety exposure identified.

Risk Category	Score	Reason
Legal / regulatory exposure	3	Serious liability and policy exposure.
Financial loss	2	Potential refund, claim, reputation damage, and lost sales.
Guest-experience impact	3	Guest trust depends on clear communication.
Operational disruption	2	Requires coordinated FOH, kitchen, and manager response.
Frequency of failure	1	Infrequent, but the consequence is high.
Training difficulty	2	Multiple positions must follow the same sequence.

Total Score: 19 / 27 - HIGH PRIORITY

Required Action: Review current procedure, confirm manager ownership, retrain affected positions, and verify during live service.

ELITE SYSTEM TOOL: CONFIDENTIAL RECORDS & RETENTION STANDARD

This workbook may produce employee sign-offs, coaching records, incident reports, guest information, injury information, security notes, cash records, and management documentation. These records must be handled professionally.

ACCESS

Limit access to managers and other authorized persons who have a legitimate business need.

SECURE STORAGE

Store paper records in a controlled location and digital records in approved systems with appropriate passwords and permissions.

EMPLOYEE INFORMATION

Do not display or distribute private employee information through public binders, posted checklists, shared messaging groups, or unsecured files.

GUEST INFORMATION

Protect guest names, phone numbers, contact details, complaint records, and payment-related information.

INCIDENT AND INJURY RECORDS

Keep incident and injury documentation separate from general station materials and route it according to company policy.

RETENTION

Follow company, insurance, payroll, employment, food-safety, and legal retention requirements. This workbook does not establish a universal retention period.

DISPOSAL

Use secure disposal methods for records that have reached the approved destruction date.

DIGITAL SECURITY

Do not store sensitive records on personal devices or unapproved accounts. Use access control, backups, and approved naming conventions.

AUDIT TRAIL

Record who created, changed, approved, accessed, or retired controlled documents when the restaurant's system requires it.

Restaurant Record-Handling Assignment

Record Type	Storage Location	Authorized Access	Retention / Disposal Rule

Records Policy Reviewed By: _____ Date: _____

Owner / GM Approval: _____ Date: _____

Part 1 Review: SOP System Foundation Checkpoint

Date: _____

Manager Name: _____

Restaurant / Location: _____

Department: _____

Use this page before moving into station posters and station-specific SOPs.

1. Do we currently have written SOPs for each major station?

- ☐ Yes
- ☐ No
- ☐ Some stations

Notes: _____

2. Are our current SOPs easy for employees to understand?

- ☐ Yes
- ☐ No
- ☐ Some are

Notes: _____

3. Do our SOPs explain why the standard matters?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Notes: _____

4. Do we use station posters for key reminders?

- ☐ Yes
- ☐ No
- ☐ Some stations

Notes: _____

5. Do we use checklists for opening, closing, cleaning, and manager verification?

- ☐ Yes
- ☐ No
- ☐ Some areas

Notes: _____

6. Do we use forms to document problems, corrections, incidents, and follow-up?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Notes: _____

7. Are employees trained and signed off on SOPs?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Notes: _____

8. Are SOPs reviewed and updated regularly?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Notes: _____

9. What is the weakest part of our SOP system right now?

10. What is the first action we should take?

Person Responsible: _____

Deadline: _____

Follow-Up Date: _____

Manager Signature: _____

11. Host Stand Standards Poster

HOST STAND STANDARDS

The host stand controls the first impression of the restaurant.

WHY IT MATTERS

Guests begin judging the restaurant before they reach the table. A strong host stand helps guests feel welcomed, keeps seating organized, protects server rotation, and supports smoother service.

KEY STANDARDS

- ☐ Greet every guest quickly.
- ☐ Make eye contact and use a professional tone.
- ☐ Confirm party size clearly.
- ☐ Ask about seating needs or special requests.
- ☐ Quote wait times honestly.
- ☐ Seat guests by rotation whenever possible.
- ☐ Communicate delays before guests become frustrated.
- ☐ Keep the host stand clean and organized.
- ☐ Watch the front door and waiting area.
- ☐ Notify a manager when a guest is upset, confused, or waiting too long.

NEVER

- ☐ Ignore guests at the door.
- ☐ Guess at wait times without checking.
- ☐ Double-seat servers without a reason.
- ☐ Leave the host stand messy.
- ☐ Argue with guests about seating.

MANAGER REMINDER

The host stand should be checked before service, during rush periods, and before shift handoff.

Manager Initials: _____ Date: _____

12. Server Service Steps Poster

SERVER SERVICE STEPS

Great service is built from consistent steps.

WHY IT MATTERS

Guests should not receive different service depending on which server is working. Clear service steps help servers protect the guest experience, improve order accuracy, increase sales opportunities, and reduce complaints.

BASIC SERVICE FLOW

- ☐ Greet the table quickly.
- ☐ Make guests feel noticed.
- ☐ Offer drinks.
- ☐ Mention specials or featured items.
- ☐ Answer menu questions honestly.
- ☐ Take accurate orders.
- ☐ Repeat important details when needed.
- ☐ Enter orders correctly.
- ☐ Check food quality after delivery.
- ☐ Refill drinks before guests have to ask.
- ☐ Pre-bus throughout the meal.
- ☐ Handle concerns quickly.
- ☐ Thank guests before they leave.

SERVICE STANDARD

Guests should feel welcomed, informed, cared for, and never forgotten.

NEVER

- ☐ Disappear from the table.
- ☐ Guess about allergens or ingredients.
- ☐ Blame the kitchen or another employee.
- ☐ Let empty plates and glasses pile up.
- ☐ Ignore unhappy body language.

MANAGER REMINDER

Observe real table service before signing off on server readiness.

Manager Initials: _____ Date: _____

13. Table Maintenance Poster

TABLE MAINTENANCE STANDARDS

A clean, maintained table tells the guest the server is paying attention.

WHY IT MATTERS

Table maintenance affects guest comfort, cleanliness, service perception, and dining room appearance. Poor table maintenance makes service feel careless, even when the food is good.

DURING SERVICE

- ☐ Watch drink levels.
- ☐ Refill drinks before guests have to ask when possible.
- ☐ Remove empty appetizer plates.
- ☐ Remove trash, straw wrappers, napkins, and unused items.
- ☐ Clear empty glasses when appropriate.
- ☐ Check back after food is delivered.
- ☐ Watch for missing condiments or sides.
- ☐ Keep the table clean without interrupting the guest.
- ☐ Pre-bus throughout the meal.
- ☐ Communicate guest concerns to a manager quickly.

GOOD TABLE STANDARD

The table should look cared for during the entire visit.

NEVER

- ☐ Let empty plates stack up.
- ☐ Reach across guests carelessly.
- ☐ Remove plates before everyone is finished unless appropriate.
- ☐ Ignore spills.
- ☐ Wait until the end of the meal to clean the table.

MANAGER REMINDER

Table maintenance should be observed during busy shifts, not only during slow periods.

Manager Initials: _____ Date: _____

14. Guest Complaint Response Poster

GUEST COMPLAINT RESPONSE

Handle guest concerns quickly, calmly, and professionally.

WHY IT MATTERS

A guest complaint is a chance to recover trust. Poor complaint handling can turn a small problem into a lost guest, a bad review, or a manager escalation that could have been prevented.

WHEN A GUEST HAS A CONCERN

- ☐ Listen without interrupting.
- ☐ Stay calm.
- ☐ Apologize professionally.
- ☐ Do not argue.
- ☐ Do not blame another employee.
- ☐ Do not make excuses.
- ☐ Ask what happened if more information is needed.
- ☐ Notify a manager when required.
- ☐ Correct what can be corrected quickly.
- ☐ Thank the guest for bringing the concern forward.

WHAT TO SAY

"I'm sorry that happened. Let me get a manager so we can make this right."

NEVER

- ☐ Say "That is not my fault."
- ☐ Say "The kitchen messed up."
- ☐ Say "You should have told us sooner."
- ☐ Promise something you are not allowed to give.
- ☐ Ignore the concern.

MANAGER REMINDER

Guest complaints should be documented when they involve food quality, service failure, injury, illness concern, payment issue, or repeated patterns.

Manager Initials: _____ Date: _____

15. Bar Station Standards Poster

BAR STATION STANDARDS

The bar must be fast, clean, accurate, and responsible.

WHY IT MATTERS

The bar affects guest experience, sales, alcohol safety, product cost, ticket times, and restaurant atmosphere. Inconsistent bar standards can create waste, guest complaints, legal risk, and service delays.

KEY STANDARDS

- ☐ Greet bar guests quickly.
- ☐ Use correct recipes.
- ☐ Measure pours according to policy.
- ☐ Use the correct glassware.
- ☐ Garnish drinks correctly.
- ☐ Check IDs according to policy.
- ☐ Watch for signs of over-service.
- ☐ Keep the bar top clean.
- ☐ Keep tools and bottles organized.
- ☐ Restock before running out.
- ☐ Communicate service well delays.
- ☐ Notify a manager of alcohol concerns.

NEVER

- ☐ Over-pour.
- ☐ Serve a guest who should not be served.
- ☐ Guess on drink recipes.
- ☐ Ignore service well tickets.
- ☐ Leave spills or broken glass unattended.

MANAGER REMINDER

Bar standards should be checked during opening, rush periods, and closing.

Manager Initials: _____ Date: _____

16. Cook Line Standards Poster

COOK LINE STANDARDS

Consistency on the line protects food quality and ticket times.

WHY IT MATTERS

The cook line affects guest satisfaction, food cost, waste, speed, safety, and the restaurant's reputation. One weak station can slow the entire kitchen and damage the guest experience.

KEY STANDARDS

- ☐ Arrive ready for station setup.
- ☐ Check product before service.
- ☐ Use correct recipes.
- ☐ Use correct portions.
- ☐ Watch ticket times.
- ☐ Read modifiers carefully.
- ☐ Communicate low product early.
- ☐ Keep raw and ready-to-eat items separate.
- ☐ Keep the station clean.
- ☐ Check plate quality before sending food.
- ☐ Label and store food correctly.
- ☐ Ask for help before falling behind.

QUALITY STANDARD

Food should leave the line correct, clean, complete, and consistent.

NEVER

- ☐ Guess on portions.
- ☐ Ignore modifiers.
- ☐ Send messy plates.
- ☐ Hide low product.
- ☐ Leave unsafe food or tools on the station.

MANAGER REMINDER

Line readiness should be checked before service and monitored during rush periods.

Manager Initials: _____ Date: _____

17. Prep Station Standards Poster

PREP STATION STANDARDS

Prep should be accurate, clean, labeled, and controlled.

WHY IT MATTERS

Prep affects food quality, ticket times, waste, food cost, food safety, and consistency. Poor prep creates problems for every station during service.

KEY STANDARDS

- ☐ Review the prep list before starting.
- ☐ Prioritize urgent items first.
- ☐ Follow the recipe.
- ☐ Use correct portion tools.
- ☐ Label and date everything.
- ☐ Follow FIFO.
- ☐ Keep raw and ready-to-eat products separate.
- ☐ Keep the prep area clean.
- ☐ Record waste when required.
- ☐ Store product correctly.
- ☐ Communicate low product or prep concerns.
- ☐ Clean and sanitize the station before leaving.

NEVER

- ☐ Prep without checking par levels.
- ☐ Leave food unlabeled.
- ☐ Mix old and new product.
- ☐ Ignore spoiled or questionable product.
- ☐ Leave knives, boards, or tools dirty.

MANAGER REMINDER

Prep completion should be verified before peak service periods.

Manager Initials: _____ Date: _____

18. Dish Pit Standards Poster

DISH PIT STANDARDS

The dish area keeps the restaurant moving.

WHY IT MATTERS

When the dish pit falls behind, the kitchen slows down, servers run out of supplies, cooks lose tools, and closing takes longer. A clean, organized dish area supports the entire restaurant.

KEY STANDARDS

- ☐ Keep dirty and clean items separate.
- ☐ Scrape and sort dishes properly.
- ☐ Prioritize urgent items during rushes.
- ☐ Check dish machine operation.
- ☐ Watch chemical and temperature concerns.
- ☐ Handle glass and sharp items safely.
- ☐ Keep clean items off dirty surfaces.
- ☐ Return clean items to the correct place.
- ☐ Communicate shortages early.
- ☐ Keep floors dry.
- ☐ Remove trash as needed.
- ☐ Clean the dish area before leaving.

NEVER

- ☐ Stack clean dishes in dirty areas.
- ☐ Leave broken glass loose.
- ☐ Ignore slippery floors.
- ☐ Let urgent pans, plates, or silverware run out.
- ☐ Leave the dish machine dirty at close.

MANAGER REMINDER

Dish flow should be checked before rushes, during rushes, and before closing approval.

Manager Initials: _____ Date: _____

19. Handwashing Poster

HANDWASHING STANDARDS

Clean hands protect guests, employees, and the restaurant.

WHY IT MATTERS

Poor handwashing can spread illness, contaminate food, create health inspection problems, and damage guest trust.

Handwashing is one of the most important food safety habits in the restaurant.

WASH HANDS

- ☐ Before handling food.
- ☐ Before putting on gloves.
- ☐ After using the restroom.
- ☐ After touching raw food.
- ☐ After touching trash.
- ☐ After touching face, hair, phone, or clothing.
- ☐ After coughing, sneezing, or wiping nose.
- ☐ After cleaning chemicals.
- ☐ After handling dirty dishes.
- ☐ After returning from break.
- ☐ Any time hands may be contaminated.

HANDWASHING STANDARD

- ☐ Wet hands.
- ☐ Apply soap.
- ☐ Scrub thoroughly.
- ☐ Rinse completely.
- ☐ Dry hands properly.
- ☐ Return to work safely.

NEVER

- ☐ Skip handwashing because gloves are used.
- ☐ Wash hands in food prep sinks.
- ☐ Touch clean food or tools with contaminated hands.
- ☐ Return from the restroom without washing hands.

MANAGER REMINDER

Handwashing should be trained, observed, corrected, and reinforced often.

Manager Initials: _____ Date: _____

20. Food Allergy Alert Poster

FOOD ALLERGY ALERT

Never guess about food allergies.

WHY IT MATTERS

Food allergies can be serious and may be life-threatening. Allergy mistakes can harm guests, damage trust, create legal risk, and put the restaurant in a dangerous situation.

WHEN A GUEST MENTIONS AN ALLERGY

- ☐ Take it seriously.
- ☐ Do not guess.
- ☐ Notify a manager.
- ☐ Confirm the allergy concern clearly.
- ☐ Communicate with the kitchen.
- ☐ Use clean tools and surfaces when required.
- ☐ Prevent cross-contact.
- ☐ Verify the order before serving.
- ☐ Ask questions if anything is unclear.
- ☐ Follow restaurant allergy policy.

WHAT TO SAY

"Thank you for telling me. I'm going to confirm that with a manager and the kitchen."

NEVER

- ☐ Guess about ingredients.
- ☐ Say something is safe unless verified.
- ☐ Ignore cross-contact risk.
- ☐ Treat an allergy like a preference.
- ☐ Serve the item if there is uncertainty.

MANAGER REMINDER

Allergy procedures should be trained to FOH, BOH, bar, and management employees.

Manager Initials: _____ Date: _____

21. Opening Shift Readiness Poster

OPENING SHIFT READINESS

The shift starts stronger when the restaurant opens prepared.

WHY IT MATTERS

Weak openings create problems that last all day. When stations, staff, food safety checks, supplies, and guest areas are not ready, managers spend the shift catching up instead of leading.

BEFORE OPENING

- ☐ Lights and equipment checked.
- ☐ Dining room ready.
- ☐ Restrooms checked.
- ☐ Host stand ready.
- ☐ Server stations stocked.
- ☐ Bar stocked if applicable.
- ☐ Cook line ready.
- ☐ Prep needs reviewed.
- ☐ Dish area ready.
- ☐ Food safety checks completed.
- ☐ POS system ready.
- ☐ Staff positions assigned.
- ☐ Manager walkthrough completed.

OPENING STANDARD

The restaurant should be ready before the first guest arrives.

NEVER

- ☐ Open with dirty guest areas.
- ☐ Open without checking equipment.
- ☐ Open without station readiness.
- ☐ Ignore missing supplies.
- ☐ Wait until guests arrive to fix basic setup.

MANAGER REMINDER

Opening readiness should be verified by the manager before service begins.

Manager Initials: _____ Date: _____

22. Closing Shift Standards Poster

CLOSING SHIFT STANDARDS

A strong close protects tomorrow's shift.

WHY IT MATTERS

Poor closing creates food safety problems, cleaning issues, security risks, equipment problems, employee frustration, and weak openings the next day. Closing is not finished until the manager verifies the standard.

BEFORE LEAVING

- ☐ Food stored correctly.
- ☐ Product labeled and dated.
- ☐ Stations cleaned.
- ☐ Floors cleaned.
- ☐ Trash removed.
- ☐ Dish area completed.
- ☐ Restrooms checked.
- ☐ Dining room reset.
- ☐ Bar secured if applicable.
- ☐ Cash and checkout completed.
- ☐ Equipment turned off or set correctly.
- ☐ Doors locked.
- ☐ Alarm set if applicable.
- ☐ Manager final walkthrough completed.

CLOSING STANDARD

The restaurant should be clean, secure, organized, and ready for the next shift.

NEVER

- ☐ Leave unlabeled food.
- ☐ Skip floors or trash.
- ☐ Leave equipment unsafe.
- ☐ Leave doors unsecured.
- ☐ Let employees leave before manager inspection.

MANAGER REMINDER

Closing approval should be based on inspection, not assumption.

Manager Initials: _____ Date: _____

Part 2 Review: Station Poster Readiness Checkpoint

Date: _____

Manager Name: _____

Restaurant / Location: _____

Department: _____

Use this page to decide which station posters your restaurant needs first.

1. Which station needs a visible standards poster immediately?

2. Which guest service standard needs to be posted?

3. Which food safety reminder needs to be posted?

4. Which cleaning standard needs a poster?

5. Which emergency reminder should be posted?

6. Are current posters easy to read and up to date?

☐ Yes

☐ No

☐ Some are

☐ We do not currently use posters

Notes:

7. Where should station posters be placed?

☐ Host stand

☐ Server station

☐ Bar

☐ Cook line

☐ Prep area

☐ Dish pit

☐ Walk-in cooler

☐ Dry storage

☐ Handwashing sink

☐ Chemical storage

☐ Office

☐ Employee area

☐ Back door

☐ Other: _____

8. Who will approve station posters before they are posted?

9. Who will train employees on the poster standards?

10. What is the first poster that should be created, updated, or posted?

Why this poster matters:

Person Responsible: _____

Deadline: _____

Follow-Up Date: _____

Manager Signature: _____

23. Host Stand Opening SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Host Stand Opening SOP

Department: Front of House

Station / Process: Host Stand

Purpose:

To make sure the host stand is clean, stocked, organized, and ready before guests arrive.

Why It Matters:

The host stand is often the first place guests interact with the restaurant. If the host stand is messy, unprepared, or disorganized, the restaurant feels unprofessional before service even begins. A ready host stand helps guests feel welcomed, helps seating run smoothly, supports server rotation, and gives the manager a stronger start to the shift.

Who Performs This Task:

Host, opening host, shift lead, or manager on duty.

When It Is Performed:

Before the restaurant opens or before the host begins seating guests.

Tools / Equipment / Supplies Needed:

Menus

Kids menus if applicable

To-go menus if applicable

Reservation book or reservation system

Waitlist system

Pens

Seating chart

Table map

Phone

Host stand supplies

Clean menus

High chair and booster seat access if applicable

Manager communication method if applicable

Safety or Sanitation Notes:

Menus should be clean and in good condition.

Walkways near the host stand should be clear.

High chairs and booster seats should be clean and safe.

Electrical cords, mats, or clutter should not create a trip hazard.

Step-by-Step Procedure:

1. Arrive at the host stand before the scheduled opening time.

2. Check that the host stand is clean and free of trash, old notes, personal drinks, unnecessary paper, and clutter.

3. Confirm that menus are clean, organized, and ready for guests.

4. Check that kids menus, to-go menus, drink menus, or special menus are available if used by the restaurant.

5. Review the seating chart or table map.

6. Review server sections for the shift.

7. Review reservation notes, large parties, special events, or expected guest flow.

8. Confirm that the waitlist system or reservation system is ready.

9. Make sure pens, paper, phone, and other host supplies are available.

10. Check the front entrance and waiting area for cleanliness.

11. Confirm that high chairs and booster seats are clean and accessible if applicable.

12. Notify the manager of missing supplies, seating concerns, reservation issues, or guest area problems before service begins.

Quality Standard:

The host stand is clean, stocked, organized, and ready before the first guest arrives. The host understands the seating chart, server sections, reservation needs, and manager expectations for the shift.

Common Mistakes to Avoid:

Leaving old notes or clutter at the host stand.

Starting the shift without reviewing server sections.

Failing to check reservations or large party notes.

Using dirty or damaged menus.

Waiting until guests arrive to fix host stand problems.

Not telling the manager about missing supplies or seating concerns.

Manager Verification:

Manager or shift lead should verify that:

- ☐ Host stand is clean.
- ☐ Menus are ready.
- ☐ Seating chart is reviewed.
- ☐ Server sections are understood.
- ☐ Reservations or waitlist needs are reviewed.
- ☐ Front entrance area is clean.
- ☐ Host has necessary supplies.
- ☐ Host knows when to notify a manager.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Host Stand Opening Checklist

Date: _____

Host Name: _____

Manager Name: _____

Opening Host Stand Tasks

- ☐ Host stand cleaned.
- ☐ Old notes, trash, and clutter removed.
- ☐ Menus cleaned and organized.
- ☐ Kids menus ready if applicable.
- ☐ To-go menus ready if applicable.
- ☐ Drink menus ready if applicable.
- ☐ Specials or feature sheets ready if applicable.
- ☐ Pens available.
- ☐ Waitlist system ready.
- ☐ Reservation system checked.
- ☐ Seating chart reviewed.
- ☐ Server sections reviewed.
- ☐ Large parties reviewed.
- ☐ Special requests reviewed.
- ☐ Front entrance checked.
- ☐ Waiting area checked.
- ☐ High chairs / booster seats checked if applicable.
- ☐ Phone working.
- ☐ Manager notified of any concerns.

Issues Found:

Corrective Action Taken:

Host Initials: _____

Manager Initials: _____

Host Stand Readiness Form

Date: _____

Shift:

☐ Lunch

☐ Dinner

☐ Brunch

☐ Special Event

☐ Other: _____

Host Assigned: _____

Manager on Duty: _____

Host Stand Readiness Review

1. Is the host stand clean and organized?

☐ Yes

☐ No

☐ Needs correction

Notes: _____

2. Are menus clean and ready?

☐ Yes

☐ No

☐ Needs correction

Notes: _____

3. Has the host reviewed server sections?

☐ Yes

☐ No

Notes: _____

4. Has the host reviewed reservations, waitlist needs, and large parties?

☐ Yes

☐ No

☐ Not applicable

Notes: _____

5. Is the front entrance guest-ready?

☐ Yes

☐ No

☐ Needs correction

Notes: _____

6. What needs follow-up before guests arrive?

Manager Approval:

☐ Host stand approved.

☐ Host stand not approved yet.

☐ Corrections completed.

Manager Signature: _____

Time Approved: _____

24. Guest Greeting SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Guest Greeting SOP

Department: Front of House

Station / Process: Host Stand / Guest Arrival

Purpose:

To make sure every guest is greeted quickly, professionally, and consistently when entering the restaurant.

Why It Matters:

The guest greeting sets the tone for the entire visit. If guests feel ignored, rushed, or unwelcome at the door, the restaurant may already be trying to recover before service begins. A strong greeting helps guests feel noticed, creates a professional first impression, and supports smoother seating and communication.

Who Performs This Task:

Host, server, bartender, manager, or any employee near the entrance when a guest arrives.

When It Is Performed:

Immediately when a guest enters or approaches the host stand.

Tools / Equipment / Supplies Needed:

Host stand

Seating chart

Reservation system if applicable

Waitlist system if applicable

Menus

Professional communication

Safety or Sanitation Notes:

Keep the entrance clear.

Do not block walkways while greeting guests.

Assist guests with mobility needs according to restaurant policy.

Step-by-Step Procedure:

- 1. Look up when a guest enters or approaches the host stand.**
- 2. Make eye contact.**
- 3. Smile or use a warm professional expression.**
- 4. Greet the guest promptly.**
- 5. Ask for the party size.**
- 6. Ask whether they have a reservation if applicable.**
- 7. Ask about seating needs or preferences when appropriate.**
8. Confirm any special needs such as high chair, booster seat, wheelchair access, or large party setup.
- 9. Give an honest wait time if a table is not ready.**
- 10. Communicate clearly and calmly if there is a delay.**
- 11. Thank the guest for waiting if applicable.**
12. Notify the manager if the guest is upset, confused, waiting too long, or has a special concern.

Quality Standard:

Every guest should feel noticed quickly, greeted professionally, and clearly informed about the next step.

Common Mistakes to Avoid:

Ignoring guests while looking at the seating chart or phone.

Using a careless or rushed tone.

Guessing wait times.

Failing to confirm party size.

Failing to ask about reservation status when required.

Leaving guests uncertain about what happens next.

Arguing with guests about wait time or seating.

Manager Verification:

Manager or trainer should observe the employee greeting guests during real service and verify that:

- ☐ Guest is greeted quickly.
- ☐ Tone is professional.
- ☐ Party size is confirmed.
- ☐ Reservation status is checked if applicable.
- ☐ Seating needs are considered.
- ☐ Wait time is communicated honestly.
- ☐ Manager is notified when needed.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Guest Greeting Observation Checklist

Employee Name: _____

Trainer / Manager Name: _____

Date: _____

Observation Period:

- ☐ Slow shift
- ☐ Busy shift
- ☐ Lunch
- ☐ Dinner
- ☐ Weekend
- ☐ Other: _____

Guest Greeting Standards

- ☐ Employee looked up when guest arrived.
- ☐ Employee greeted guest quickly.
- ☐ Employee used professional tone.
- ☐ Employee made eye contact.
- ☐ Employee confirmed party size.
- ☐ Employee checked reservation status if applicable.
- ☐ Employee asked about seating needs when appropriate.
- ☐ Employee communicated wait time clearly if needed.
- ☐ Employee stayed calm with guest questions.
- ☐ Employee notified manager when needed.
- ☐ Employee kept host stand organized during greeting.

Performance Review:

- ☐ Not ready
- ☐ Needs more practice
- ☐ Acceptable
- ☐ Strong
- ☐ Ready for sign-off

What was done well?

What needs improvement?

Follow-Up Needed:

- ☐ Yes
- ☐ No

Follow-Up Date: _____

Manager Signature: _____

Guest Greeting Coaching Form

Date: _____

Employee Name: _____

Manager Name: _____

Reason for Coaching:

- ☐ Slow greeting
- ☐ Unprofessional tone
- ☐ Guest ignored
- ☐ Confusing communication
- ☐ Incorrect wait quote
- ☐ Guest complaint
- ☐ Other: _____

What Happened?

Correct Greeting Standard:

Why This Matters:

Corrective Action:

- ☐ Retrain greeting SOP.
- ☐ Observe next shift.
- ☐ Pair with trainer.
- ☐ Review host stand standards.
- ☐ Manager follow-up required.
- ☐ Other: _____

Employee Notes:

Follow-Up Date: _____

Employee Signature: _____

Manager Signature: _____

25. Server Order Taking SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Server Order Taking SOP

Department: Front of House

Station / Process: Table Service / Order Accuracy

Purpose:

To make sure guest orders are taken clearly, accurately, and professionally.

Why It Matters:

Order accuracy affects guest satisfaction, kitchen execution, food cost, ticket times, comps, remakes, and trust. Most order mistakes can be reduced when servers ask clear questions, listen carefully, confirm details, and enter the order correctly.

Who Performs This Task:

Server, bartender, or approved employee taking guest orders.

When It Is Performed:

Any time a guest places a food, drink, dessert, to-go, or special order.

Tools / Equipment / Supplies Needed:

Order pad or handheld device

Pen

POS system

Menu knowledge

Modifier knowledge

Allergy communication procedure

Seat number system if applicable

Safety or Sanitation Notes:

Allergy concerns must be taken seriously.

Do not guess about ingredients.

Follow restaurant policy for allergy notes, manager notification, and kitchen communication.

Follow responsible alcohol service policy when taking alcohol orders.

Step-by-Step Procedure:

1. Approach the table when guests are ready or when service timing requires.
2. Listen carefully to each order.
3. Use seat numbers if required.
4. Ask clarifying questions when needed.
5. Confirm modifiers, sides, temperatures, sauces, dressings, substitutions, and special instructions.
6. Ask about allergies when the guest mentions an ingredient concern or allergy.
7. Notify a manager of allergy concerns according to restaurant policy.
8. Repeat important order details back to the guest when needed.
9. Avoid rushing the guest.
10. Enter the order into the POS accurately.
11. Review the order before sending it.
12. Communicate special issues to the kitchen or manager if required.

Quality Standard:

Orders are complete, accurate, properly modified, and entered in a way that the kitchen or bar can execute correctly.

Common Mistakes to Avoid:

Failing to clarify modifiers.

Forgetting seat numbers.

Not repeating unclear details.

Guessing about ingredients.

Failing to mark allergies properly.

Entering orders at the wrong table.

Forgetting sides, sauces, temperatures, or special instructions.

Sending the order without reviewing it.**Manager Verification:**

Manager or trainer should verify that:

- ☐ Server listens carefully.
- ☐ Server asks clarifying questions.
- ☐ Server uses correct seat numbers if required.
- ☐ Server handles allergies correctly.
- ☐ Server enters modifiers correctly.
- ☐ Server reviews order before sending.
- ☐ Server communicates special concerns.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Order Accuracy Checklist

Employee Name: _____

Manager / Trainer Name: _____

Date: _____

Order Review

- ☐ Server listened fully before entering order.
- ☐ Seat numbers used if required.
- ☐ Modifiers confirmed.
- ☐ Sides confirmed.
- ☐ Temperatures confirmed if applicable.
- ☐ Sauces / dressings confirmed.
- ☐ Substitutions confirmed.
- ☐ Allergy concerns handled correctly.
- ☐ Special instructions entered clearly.
- ☐ Order reviewed before sending.
- ☐ Kitchen / bar communication completed if needed.

Order Accuracy Performance:

- ☐ Not ready
- ☐ Needs more practice
- ☐ Acceptable
- ☐ Strong
- ☐ Ready for sign-off

Mistakes Observed:

Correction Needed:

Follow-Up Needed:

- ☐ Yes
- ☐ No

Manager Signature: _____

Order Mistake Review Form

Date: _____

Time: _____

Server Name: _____

Manager Name: _____

Table / Check Number: _____

Mistake Type:

- ☐ Wrong item
- ☐ Missing modifier
- ☐ Missing side
- ☐ Wrong temperature
- ☐ Allergy communication issue
- ☐ Wrong table
- ☐ Duplicate item
- ☐ Item not entered
- ☐ Special instruction missed
- ☐ Other: _____

What Happened?

Possible Cause:

- ☐ Server did not clarify.
- ☐ Server entered item incorrectly.
- ☐ Guest changed order.
- ☐ Kitchen misread ticket.
- ☐ POS issue.
- ☐ Modifier unavailable or unclear.
- ☐ Communication breakdown.
- ☐ Other: _____

Corrective Action Taken:

Guest Recovery Needed?

- ☐ Yes
- ☐ No

Comp / Void Needed?

- ☐ Yes
- ☐ No
- ☐ Manager decision

Follow-Up Required:

- ☐ Yes
- ☐ No

Follow-Up Action:

Server Signature: _____

Manager Signature: _____

26. Table Maintenance SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Table Maintenance SOP

Department: Front of House

Station / Process: Dining Room Service

Purpose:

To keep guest tables clean, organized, and attended throughout the meal.

Why It Matters:

Table maintenance affects guest comfort, cleanliness, service perception, and dining room appearance. A guest may enjoy the food but still feel poorly served if empty plates, trash, spills, and empty glasses are ignored. Strong table maintenance shows attention and professionalism.

Who Performs This Task:

Server, busser, food runner, bartender, manager, or any trained FOH support employee.

When It Is Performed:

Throughout the guest visit, from seating until the table is reset.

Tools / Equipment / Supplies Needed:

Clean hands

Tray if applicable

Bus tub or dish area access

Clean towels if applicable

Approved sanitizer if cleaning is required

Replacement silverware or napkins if needed

Manager communication

Safety or Sanitation Notes:

Do not touch food-contact surfaces unnecessarily.

Wash hands when required.

Handle glassware carefully.

Clean spills promptly.

Keep walkways clear.

Do not place dirty dishes near clean guest supplies.

Step-by-Step Procedure:

1. Observe the table throughout the visit.
2. Refill drinks before guests have to ask when possible.
3. Remove empty appetizer plates when appropriate.
4. Remove trash, straw wrappers, and unnecessary items.
5. Clear empty glasses when appropriate.
6. Pre-bus carefully without rushing guests.
7. Check for spills or table cleanliness issues.
8. Replace needed silverware, napkins, or condiments.
9. Check back after food is delivered.
10. Watch guest body language for concerns.
11. Communicate guest issues to the server or manager.
12. Reset the table properly after guests leave.

Quality Standard:

The table remains clean, comfortable, and cared for during the guest's visit without making the guest feel rushed.

Common Mistakes to Avoid:

Letting empty plates stack up.

Ignoring empty drinks.
 Reaching across guests carelessly.
 Removing plates too early.
 Leaving spills unattended.
 Waiting until the end of the meal to pre-bus.
 Ignoring guest body language.
 Failing to reset the table properly.

Manager Verification:

Manager or trainer should verify that:

- ☐ Employee watches tables consistently.
- ☐ Employee refills drinks appropriately.
- ☐ Employee pre-busses correctly.
- ☐ Employee handles dishes safely.
- ☐ Employee keeps table comfortable.
- ☐ Employee communicates concerns.
- ☐ Employee resets tables properly.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Table Maintenance Checklist

Employee Name: _____

Manager / Trainer Name: _____

Date: _____

Observation Period:

- ☐ Lunch
- ☐ Dinner
- ☐ Busy shift
- ☐ Slow shift
- ☐ Other: _____

Table Maintenance Standards

- ☐ Drinks monitored.
- ☐ Empty plates cleared appropriately.
- ☐ Trash removed.
- ☐ Extra items removed when appropriate.
- ☐ Spills addressed.
- ☐ Napkins / silverware replaced if needed.
- ☐ Guest needs noticed.
- ☐ Table not neglected.
- ☐ Guest not rushed.
- ☐ Section kept clean.
- ☐ Table reset after guests left.

Performance Review:

- ☐ Not ready
- ☐ Needs more practice
- ☐ Acceptable
- ☐ Strong
- ☐ Ready for sign-off

Notes:

Manager Signature: _____

Dining Room Observation Form

Date: _____

Manager Name: _____

Shift: _____

Section / Area Observed: _____

Observation Focus:

- ☐ Table maintenance
- ☐ Pre-bussing
- ☐ Drink refills
- ☐ Table cleanliness
- ☐ Floor cleanliness
- ☐ Guest needs
- ☐ Server attentiveness
- ☐ Busser support
- ☐ Other: _____

What was observed?

Problems Found:

Corrective Action Taken:

Employee Follow-Up Needed?

☐ Yes

☐ No

Employee Name if Applicable: _____

Follow-Up Date: _____

Manager Signature: _____

27. Guest Complaint SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Guest Complaint SOP

Department: Front of House / Management

Station / Process: Guest Recovery

Purpose:

To handle guest complaints calmly, professionally, and consistently.

Why It Matters:

Guest complaints are opportunities to recover trust. Poor complaint handling can turn one issue into a lost guest, a bad review, employee conflict, or a manager escalation. A clear complaint SOP helps employees respond without arguing, blaming, guessing, or making promises they are not authorized to make.

Who Performs This Task:

Server, host, bartender, manager, shift lead, or any employee who receives a guest concern.

When It Is Performed:

Any time a guest expresses dissatisfaction, concern, frustration, complaint, or serious question about service, food, payment, safety, or experience.

Tools / Equipment / Supplies Needed:

Professional communication

Manager support

Guest complaint form if needed

POS access if manager correction is required

Restaurant guest recovery policy

Safety or Sanitation Notes:

Escalate food safety, allergy, illness, injury, alcohol, security, or payment complaints to a manager immediately.

Do not admit fault for injuries or serious incidents.

Follow company policy for documentation.

Step-by-Step Procedure:

- 1. Stop and listen to the guest.**
- 2. Stay calm.**
- 3. Do not interrupt.**
- 4. Apologize professionally.**
- 5. Do not blame another employee or department.**
- 6. Do not argue with the guest.**
- 7. Ask clarifying questions only if needed.**
- 8. Thank the guest for bringing the issue forward.**
- 9. Notify a manager when required.**
- 10. Correct what can be corrected quickly and within policy.**
- 11. Follow manager direction for comps, remakes, refunds, or follow-up.**
- 12. Document the complaint when required.**
- 13. Watch for repeated complaint patterns.**

Quality Standard:

The guest feels heard, the issue is handled professionally, and the manager is involved when needed.

Common Mistakes to Avoid:

Arguing with the guest.

Blaming the kitchen, host, server, or manager.

Making unauthorized promises.

Ignoring the complaint.

Waiting too long to notify a manager.

Acting defensive.

Failing to document serious or repeated complaints.

Manager Verification:

Manager or trainer should verify that:

- ☐ Employee listens calmly.
- ☐ Employee apologizes professionally.
- ☐ Employee avoids blame.
- ☐ Employee knows when to get a manager.
- ☐ Employee follows recovery policy.
- ☐ Employee documents complaints when required.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Guest Recovery Checklist

Date: _____

Employee Name: _____

Manager Name: _____

Guest Concern Type:

- ☐ Food quality
- ☐ Service issue
- ☐ Wait time
- ☐ Wrong order
- ☐ Missing item
- ☐ Cleanliness
- ☐ Payment issue
- ☐ Allergy concern
- ☐ Injury concern
- ☐ Illness concern
- ☐ Other: _____

Recovery Steps

- ☐ Guest was listened to.
- ☐ Employee stayed calm.
- ☐ Employee apologized professionally.
- ☐ Employee did not argue.
- ☐ Employee did not blame another department.
- ☐ Manager was notified when needed.
- ☐ Issue was corrected if possible.
- ☐ Guest was thanked for speaking up.
- ☐ Complaint was documented if required.
- ☐ Follow-up was assigned if needed.

Notes:

Manager Signature: _____

Guest Complaint Documentation Form

Date: _____

Time: _____

Manager Name: _____

Employee Involved if Applicable: _____

Guest Name if Provided: _____

Guest Contact if Provided: _____

Complaint Type:

- ☐ Food quality

- ☐ Service issue
- ☐ Wait time
- ☐ Cleanliness
- ☐ Payment issue
- ☐ Injury
- ☐ Illness concern
- ☐ Allergy concern
- ☐ Alcohol service concern
- ☐ Other: _____

Description of Complaint:

Immediate Action Taken:

Comp / Refund / Remake Involved?

☐ Yes

☐ No

Details:

Follow-Up Needed:

☐ Yes

☐ No

Person Responsible: _____

Follow-Up Date: _____

Manager Signature: _____

Part 3 Review: Model SOP Application Checkpoint

Date: _____

Manager Name: _____

Restaurant / Location: _____

Use this checkpoint to confirm that the model SOPs were studied, customized, trained, and verified - not merely read.

1. Has the Host Stand Opening SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

2. Has the Guest Greeting SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

3. Has the Server Order Taking SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

4. Has the Table Maintenance SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

5. Has the Guest Complaint SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

6. Which additional procedure from this department must the restaurant build next?

7. What training, checklist, poster, or verification gap still needs correction?

Person Responsible: _____ Deadline: _____

Manager Signature: _____ Follow-Up Date: _____

28. Bar Opening SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Bar Opening SOP

Department: Bar / Front of House

Station / Process: Bar Opening

Purpose:

To make sure the bar is clean, stocked, organized, safe, and ready before service begins.

Why It Matters:

The bar affects guest service, service well speed, drink quality, alcohol control, product cost, cleanliness, and restaurant atmosphere. A poorly opened bar creates delays, waste, guest frustration, and unnecessary pressure during the shift. A strong bar opening gives the bartender and manager control before guests arrive.

Who Performs This Task:

Opening bartender, bar lead, shift lead, or manager on duty.

When It Is Performed:

Before the bar opens, before guests are served, or before service well tickets begin.

Tools / Equipment / Supplies Needed:

Bar Opening Checklist

Ice

Glassware

Garnishes

Fruit

Juices

Mixers

Beer

Wine

Liquor

Bar tools

Napkins

Straws

Coasters

Picks

Sanitizer

Cleaning towels

POS access

Cash drawer if applicable

Bar mats

Trash bags

Safety or Sanitation Notes:

Wash hands before handling garnishes, fruit, ice, clean glassware, or ready-to-use bar items.

Use clean tools for fruit and garnish prep.

Handle ice safely.

Keep chemicals away from food, drink, ice, and clean glassware.

Follow alcohol storage and security policy.

Step-by-Step Procedure:

1. Arrive at the bar before opening service time.

2. Check that the bar area is clean and free of trash, spills, old fruit, dirty glassware, and clutter.

3. Set up sanitizer and cleaning towels according to restaurant policy.
4. Check ice level and fill ice well if needed.
5. Check glassware and restock as needed.
6. Prepare fruit, garnishes, and garnish containers according to restaurant standard.
7. Stock juices, mixers, syrups, and non-alcoholic bar items.
8. Stock beer, wine, liquor, and backup product according to restaurant policy.
9. Check bar tools, shakers, strainers, openers, mats, napkins, straws, picks, and coasters.
10. Check service well area and ticket pickup area.
11. Check POS station and printer if applicable.
12. Check cash drawer or starting bank if assigned.
13. Check trash cans, floor area, and spill risks.
14. Notify the manager of missing product, broken tools, equipment problems, low inventory, or safety concerns.
15. Complete bar opening checklist before guests are served.

Quality Standard:

The bar is clean, stocked, organized, safe, and ready to serve guests and service well tickets before service begins.

Common Mistakes to Avoid:

Starting service without enough ice.

Leaving old fruit or dirty garnish containers.

Failing to stock glassware.

Not checking mixers or juices.

Starting service without sanitizer.

Ignoring broken tools or equipment.

Not checking POS or printer readiness.

Waiting until the rush to report low product.

Manager Verification:

Manager or bar lead should verify that:

- ☐ Bar is clean.
- ☐ Ice is ready.
- ☐ Glassware is stocked.
- ☐ Garnishes are prepared.
- ☐ Mixers and juices are stocked.
- ☐ Beer, wine, and liquor are stocked according to policy.
- ☐ Bar tools are ready.
- ☐ Sanitizer is set up.
- ☐ POS / cash drawer is ready if applicable.
- ☐ Issues were reported before service.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Bar Opening Checklist

Date: _____

Bartender Name: _____

Manager Name: _____

Shift:

☐ Lunch

- ☐ Dinner
- ☐ Brunch
- ☐ Event
- ☐ Other: _____

Opening Tasks

- ☐ Bar top cleaned.
- ☐ Old fruit or garnish removed.
- ☐ Dirty glassware removed.
- ☐ Bar mats placed and clean.
- ☐ Sanitizer set up.
- ☐ Towels ready.
- ☐ Ice well filled.
- ☐ Glassware stocked.
- ☐ Garnishes prepared.
- ☐ Fruit cut according to standard.
- ☐ Juices stocked.
- ☐ Mixers stocked.
- ☐ Syrups stocked if applicable.
- ☐ Beer stocked.
- ☐ Wine stocked.
- ☐ Liquor stocked according to policy.
- ☐ Backup product checked.
- ☐ Bar tools ready.
- ☐ Napkins stocked.
- ☐ Straws stocked if applicable.
- ☐ Picks / coasters stocked if applicable.
- ☐ Service well checked.
- ☐ POS ready.
- ☐ Printer ready if applicable.
- ☐ Cash drawer checked if applicable.
- ☐ Trash can ready.
- ☐ Floor area checked.
- ☐ Manager notified of issues.

Issues Found:

Corrective Action Taken:

Bartender Initials: _____

Manager Initials: _____

Bar Readiness Form

Date: _____

Shift: _____

Bartender Assigned: _____

Manager on Duty: _____

Readiness Review

1. Is the bar clean and organized?

- ☐ Yes
- ☐ No
- ☐ Needs correction

Notes:

2. Is the bar fully stocked for expected volume?

- ☐ Yes
- ☐ No
- ☐ Needs correction

Notes:

3. Are garnishes, juices, mixers, and glassware ready?

- ☐ Yes
- ☐ No
- ☐ Needs correction

Notes:

4. Is service well ready?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Notes:

5. Are POS, printer, and cash drawer ready if applicable?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Notes:

6. What must be corrected before service?

Manager Approval:

- ☐ Bar approved for service.
- ☐ Bar not approved yet.
- ☐ Corrections completed.

Manager Signature: _____

Time Approved: _____

29. Drink Preparation SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Drink Preparation SOP

Department: Bar

Station / Process: Drink Making / Beverage Service

Purpose:

To make sure alcoholic and non-alcoholic drinks are prepared consistently according to restaurant standards.

Why It Matters:

Drink consistency affects guest satisfaction, product cost, alcohol control, speed of service, and restaurant reputation. Over-pouring increases cost and risk. Under-pouring damages guest trust. Incorrect recipes create inconsistent experiences and unnecessary remakes.

Who Performs This Task:

Bartender, bar lead, approved server if applicable, or manager on duty.

When It Is Performed:

Any time a drink is prepared for a bar guest, dining room guest, service well ticket, to-go drink if legally allowed, or special event.

Tools / Equipment / Supplies Needed:

Drink recipes

Jigger or measuring tool if required

Glassware

Ice

Liquor

Beer

Wine

Mixers

Juices

Garnishes

Bar tools

POS ticket

Clean towels

Sanitizer

Safety or Sanitation Notes:

Follow alcohol laws and company policy.

Measure pours according to restaurant policy.

Use clean glassware.

Handle ice safely.

Keep garnishes protected.

Do not serve questionable product.

Do not use broken, chipped, or dirty glassware.

Step-by-Step Procedure:

1. Read the drink order or ticket carefully.
2. Confirm drink name, modifier, liquor choice, size, and special instructions.
3. Select the correct glassware.
4. Use the correct recipe.
5. Measure alcohol according to restaurant policy.
6. Add mixers, juices, or ingredients in the correct order.
7. Use clean ice and safe ice-handling practices.
8. Shake, stir, pour, build, or blend according to recipe.
9. Add garnish according to standard.
10. Check drink appearance before serving.
11. Serve or place drink in service well according to restaurant flow.
12. Communicate any delay, missing product, or remake issue.

Quality Standard:

Drinks are prepared according to recipe, measured correctly, presented cleanly, and served in the correct glassware with the correct garnish.

Common Mistakes to Avoid:

Guessing recipes.

Over-pouring.

Under-pouring.

Using wrong glassware.

Forgetting garnish.

Using old or poor-quality garnish.

Ignoring modifiers.

Sending messy drinks.

Making tickets out of order without reason.

Using dirty or chipped glassware.

Manager Verification:

Manager or trainer should verify that:

- ☐ Bartender follows recipes.
- ☐ Bartender measures according to policy.
- ☐ Bartender uses correct glassware.
- ☐ Bartender uses correct garnish.
- ☐ Bartender handles ice and garnishes safely.
- ☐ Bartender checks drink presentation.
- ☐ Bartender communicates drink issues.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Drink Standard Checklist

Employee Name: _____

Manager / Trainer Name: _____

Date: _____

Drink Review

Drink Name: _____

Recipe followed?

- ☐ Yes
- ☐ No
- ☐ Needs correction

Correct glassware used?

- ☐ Yes
- ☐ No

Correct pour / measurement used?

- ☐ Yes
- ☐ No
- ☐ Not observed

Correct garnish used?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Drink appearance acceptable?

- ☐ Yes
- ☐ No

Ticket completed in acceptable time?

- ☐ Yes
- ☐ No
- ☐ Not observed

Notes:

Performance Review:

- ☐ Not ready
- ☐ Needs more practice
- ☐ Acceptable
- ☐ Strong
- ☐ Ready for sign-off

Manager Signature: _____**Drink Quality Review Form****Date:** _____**Bartender Name:** _____**Manager Name:** _____**Drink Reviewed:** _____**Issue Type:**

- ☐ Wrong recipe
- ☐ Wrong glassware
- ☐ Wrong garnish
- ☐ Over-pour concern
- ☐ Under-pour concern
- ☐ Poor presentation
- ☐ Guest complaint
- ☐ Remake required
- ☐ Missing ingredient
- ☐ Other: _____

What Happened?

Correct Standard:

Corrective Action:

- ☐ Recipe reviewed.
- ☐ Drink remade.
- ☐ Bartender retrained.
- ☐ Product checked.
- ☐ Manager follow-up required.
- ☐ Other: _____

Follow-Up Needed:

☐ Yes

☐ No

Follow-Up Date: _____

Bartender Signature: _____

Manager Signature: _____

30. Responsible Alcohol Service SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Responsible Alcohol Service SOP

Department: Bar / Front of House / Management

Station / Process: Alcohol Service

Purpose:

To make sure alcohol is served legally, responsibly, and according to restaurant policy.

Why It Matters:

Alcohol service creates serious responsibility for the restaurant, the bartender, the server, the manager, and the guest. Poor alcohol control can lead to legal problems, unsafe situations, guest injury, over-service, underage service, license risk, and damage to the restaurant's reputation.

Who Performs This Task:

Bartender, server, manager, or any employee approved to serve alcohol.

When It Is Performed:

Any time alcohol is requested, ordered, prepared, served, monitored, refused, or questioned.

Tools / Equipment / Supplies Needed:

Responsible alcohol service training

Valid ID checking procedure

Manager support

Alcohol service policy

Incident form if needed

POS system

Refusal procedure

Safety or Sanitation Notes:

Follow all federal, state, and local alcohol laws.

Follow company policy.

Check IDs according to policy.

Do not serve underage guests.

Do not serve visibly intoxicated guests.

Notify a manager when alcohol safety concerns arise.

Step-by-Step Procedure:

1. Follow restaurant alcohol service policy at all times.
2. Check ID according to policy and law.
3. Confirm the ID appears valid, current, and belongs to the guest.
4. Refuse service if ID is missing, invalid, questionable, or does not meet requirements.
5. Monitor guest behavior and pace of drinking.
6. Watch for signs of intoxication.
7. Communicate concerns to a manager early.
8. Stop or slow service when directed by manager or policy.
9. Do not argue with a guest about alcohol refusal.
10. Do not serve alcohol to another guest if it appears intended for someone who should not be served.
11. Document alcohol incidents according to restaurant policy.
12. Support safe guest departure according to manager direction and law.

Quality Standard:

Alcohol is served only to eligible guests, monitored responsibly, and refused when required by law or policy.

Common Mistakes to Avoid:

Assuming a guest is old enough without checking ID when required.

Accepting questionable ID.

Ignoring signs of intoxication.
 Continuing service because the guest is spending money.
 Arguing with a guest about refusal.
 Serving alcohol through another guest.
 Failing to notify the manager.
 Failing to document serious incidents.

Manager Verification:

Manager or trainer should verify that:

- ☐ Employee understands alcohol policy.
- ☐ Employee knows ID checking procedure.
- ☐ Employee recognizes warning signs.
- ☐ Employee knows when to refuse service.
- ☐ Employee knows when to involve manager.
- ☐ Employee understands documentation requirements.
- ☐ Employee follows local law and company policy.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

ID and Alcohol Safety Checklist

Employee Name: _____

Manager / Trainer Name: _____

Date: _____

Alcohol Safety Review

- ☐ Employee understands legal drinking age requirement.
- ☐ Employee understands restaurant ID policy.
- ☐ Employee knows acceptable ID types.
- ☐ Employee checks expiration date.
- ☐ Employee compares photo to guest.
- ☐ Employee checks for signs of tampering.
- ☐ Employee knows when to ask manager for help.
- ☐ Employee understands over-service warning signs.
- ☐ Employee understands refusal process.
- ☐ Employee understands documentation expectations.
- ☐ Employee understands not to serve through another guest.

Performance Review:

- ☐ Not ready
- ☐ Needs more practice
- ☐ Acceptable
- ☐ Strong
- ☐ Ready for sign-off

Notes:

Manager Signature: _____

Alcohol Service Incident Form

Date: _____

Time: _____

Employee Name: _____

Manager Name: _____

Incident Type:

- ☐ ID refused
- ☐ Questionable ID
- ☐ Underage concern
- ☐ Over-service concern

- ☐ Guest intoxication concern
- ☐ Guest became upset
- ☐ Alcohol service refused
- ☐ Police / security involved
- ☐ Other: _____

Description of Incident:

Immediate Action Taken:

Manager Notified?

- ☐ Yes
- ☐ No

Guest Left Safely?

- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ Not applicable

Witnesses if Any:

Follow-Up Needed:

- ☐ Yes
- ☐ No

Manager Signature: _____

31. Bar Closing SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Bar Closing SOP

Department: Bar

Station / Process: Bar Closing

Purpose:

To close the bar cleanly, securely, accurately, and according to restaurant standards.

Why It Matters:

A poor bar close creates problems for the next shift, increases product loss, creates sanitation issues, weakens alcohol control, and can create cash or security concerns. Strong bar closing protects product, cleanliness, equipment, cash accuracy, and next-day readiness.

Who Performs This Task:

Closing bartender, bar lead, shift lead, or manager on duty.

When It Is Performed:

At the end of bar service, after final guest service is complete, and before the bartender leaves.

Tools / Equipment / Supplies Needed:

Bar Closing Checklist

Cleaning supplies

Approved sanitizer

Trash bags

Product storage containers

Labels if needed

POS checkout report

Cash drawer if applicable

Manager approval

Liquor storage or security process

Safety or Sanitation Notes:

Store alcohol according to restaurant policy.

Discard or store garnishes according to food safety standards.

Do not leave chemicals near food, ice, or drink products.

Handle broken glass safely.

Keep floors dry and marked if needed.

Follow cash handling and lock-up procedures.

Step-by-Step Procedure:

1. Complete final guest service responsibilities.
2. Close all open tabs and checks according to policy.
3. Complete bar checkout and payment reporting.
4. Store liquor, beer, wine, and product according to restaurant policy.
5. Discard or store garnishes according to policy.
6. Clean and store bar tools.
7. Remove dirty glassware.
8. Clean bar top, service well, sinks, mats, and surfaces.
9. Empty trash.
10. Sweep and mop bar floor if required.
11. Check coolers, taps, wine storage, and backup product.
12. Turn off or secure equipment according to restaurant procedure.
13. Report low product, broken items, equipment concerns, or safety issues.
14. Request manager inspection.
15. Complete corrections before leaving.
16. Receive manager approval before clocking out or leaving.

Quality Standard:

The bar is clean, stocked or noted for restock, secure, cash-balanced if applicable, and ready for the next shift.

Common Mistakes to Avoid:

Leaving open tabs.

Leaving old garnish out.

Failing to secure alcohol.

Skipping service well cleaning.

Leaving trash behind.

Leaving floors sticky or unsafe.

Not reporting low product.

Leaving dirty tools or glassware.

Leaving without manager inspection.

Manager Verification:

Manager should verify that:

- ☐ Tabs and checks are closed.
- ☐ Cash/reporting is complete if applicable.
- ☐ Alcohol is secured according to policy.
- ☐ Product is stored correctly.
- ☐ Garnishes are handled properly.
- ☐ Bar is cleaned.
- ☐ Trash is removed.
- ☐ Floors are safe.
- ☐ Low product or issues are reported.
- ☐ Bartender is approved to leave.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Bar Closing Checklist

Date: _____

Bartender Name: _____

Manager Name: _____

Closing Tasks

- ☐ Final guests completed.
- ☐ All tabs closed.
- ☐ Payments processed.
- ☐ Checkout report completed.
- ☐ Cash drawer reviewed if applicable.
- ☐ Liquor secured according to policy.
- ☐ Beer / wine checked.
- ☐ Garnishes stored or discarded according to policy.
- ☐ Juices / mixers stored according to policy.
- ☐ Bar tools cleaned.
- ☐ Glassware removed.
- ☐ Bar top cleaned.
- ☐ Service well cleaned.
- ☐ Sinks cleaned.
- ☐ Mats cleaned.
- ☐ Trash removed.
- ☐ Floors swept.
- ☐ Floors mopped if required.
- ☐ Equipment turned off or secured if applicable.
- ☐ Low product reported.
- ☐ Broken items reported.
- ☐ Manager inspection requested.
- ☐ Corrections completed.
- ☐ Manager approved bartender to leave.

Notes:

Bartender Initials: _____

Manager Initials: _____

Bar Closing Manager Approval Form

Date: _____

Bartender Name: _____

Manager Name: _____

Shift: _____

Closing Review

1. Are all tabs and checks closed?

- ☐ Yes
- ☐ No

Notes:

2. Is payment reporting complete?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Notes:

3. Is alcohol secured according to policy?

- ☐ Yes
- ☐ No
- ☐ Needs correction

Notes:

4. Is product stored correctly?

- ☐ Yes
- ☐ No
- ☐ Needs correction

Notes: _____

5. Is the bar clean?

- ☐ Yes
- ☐ No
- ☐ Needs correction

Notes: _____

6. Is the bar ready for the next shift?

- ☐ Yes
- ☐ No
- ☐ Needs correction

Notes: _____

Corrections Required: _____

Bartender approved to leave?

- ☐ Yes
- ☐ No

Manager Signature: _____

Time Approved: _____

Part 4 Review: Model SOP Application Checkpoint

Date: _____

Manager Name: _____

Restaurant / Location: _____

Use this checkpoint to confirm that the model SOPs were studied, customized, trained, and verified - not merely read.

1. Has the Bar Opening SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

2. Has the Drink Preparation SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

3. Has the Responsible Alcohol Service SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

4. Has the Bar Closing SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

5. Which additional procedure from this department must the restaurant build next?

6. What training, checklist, poster, or verification gap still needs correction?

Person Responsible: _____ Deadline: _____

Manager Signature: _____ Follow-Up Date: _____

32. Cook Line Opening SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Cook Line Opening SOP

Department: Back of House

Station / Process: Cook Line Opening

Purpose:

To make sure the cook line is clean, stocked, organized, safe, and ready before service begins.

Why It Matters:

A weak line opening creates problems that last through the shift. Missing product, dirty equipment, poor setup, low backup, and unclear station readiness slow ticket times and increase mistakes. A strong opening gives cooks and managers control before orders begin.

Who Performs This Task:

Opening cook, station cook, kitchen lead, sous chef, shift lead, or manager on duty.

When It Is Performed:

Before meal service begins, before tickets start, or before the assigned cook begins working the station.

Tools / Equipment / Supplies Needed:

Opening Checklist

Station tools

Recipe cards

Portion tools

Thermometers if required

Sanitizer

Clean towels

Gloves if required

Trash can

Food containers

Labels

Date marking supplies

Plates or packaging

Backup product

Equipment required for station

Safety or Sanitation Notes:

Wash hands before handling food.

Check food temperatures according to restaurant policy.

Keep raw and ready-to-eat foods separate.

Set up sanitizer according to policy.

Check that equipment is operating safely.

Report unsafe equipment immediately.

Follow food safety, allergy, and cross-contamination standards.

Step-by-Step Procedure:

1. Arrive at the station before service begins.
2. Wash hands and prepare for food handling.
3. Check station cleanliness.
4. Remove old trash, dirty towels, unnecessary items, and clutter.
5. Set up sanitizer and clean towels according to policy.
6. Check that required equipment is on, working, and at proper operating condition.
7. Review the station setup list.
8. Pull required product according to par level and restaurant standard.
9. Check product quality, labels, dates, and freshness.
10. Set up portion tools, utensils, pans, plates, packaging, and service items.
11. Check backup product.
12. Confirm station is stocked for expected volume.
13. Communicate missing product, low product, expired product, or equipment issues to the kitchen lead or manager.
14. Complete opening checklist before service begins.

Quality Standard:

The cook line is clean, stocked, safe, organized, and ready to execute tickets before service begins.

Common Mistakes to Avoid:

Starting service without enough product.

Using expired, unlabeled, or questionable product.

Failing to set up sanitizer.

Forgetting portion tools.

Not checking equipment before service.

Leaving station cluttered.

Not communicating low product early.

Waiting until tickets begin to fix setup problems.

Manager Verification:

Manager or kitchen lead should verify that:

- ☐ Station is clean.
- ☐ Sanitizer is ready.
- ☐ Equipment is working.
- ☐ Product is stocked.
- ☐ Product is labeled and safe.
- ☐ Portion tools are ready.
- ☐ Backup product is checked.
- ☐ Missing items are reported.
- ☐ Station is ready before tickets begin.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Cook Line Opening Checklist

Date: _____

Cook Name: _____

Station: _____

Manager / Kitchen Lead: _____

Shift:

- ☐ Lunch
- ☐ Dinner
- ☐ Brunch
- ☐ Event
- ☐ Other: _____

Opening Tasks

- ☐ Hands washed before setup.
- ☐ Station cleaned.
- ☐ Trash removed.
- ☐ Dirty towels removed.
- ☐ Sanitizer set up.
- ☐ Clean towels ready.
- ☐ Equipment checked.
- ☐ Required tools ready.
- ☐ Portion tools ready.
- ☐ Product pulled.
- ☐ Product quality checked.
- ☐ Product labels checked.
- ☐ Product dates checked.
- ☐ Backup product checked.
- ☐ Plates / packaging ready.
- ☐ Trash can ready.
- ☐ Station stocked for expected volume.
- ☐ Low product reported.
- ☐ Equipment problems reported.
- ☐ Manager / lead completed line check.

Issues Found:

Corrective Action Taken:

Cook Initials: _____

Manager / Lead Initials: _____

Line Readiness Form

Date: _____

Shift: _____

Station: _____

Cook Assigned: _____

Manager / Kitchen Lead: _____

Readiness Review

1. Is the station clean and organized?

- ☐ Yes
- ☐ No
- ☐ Needs correction

Notes:

2. Is the station stocked for expected volume?

- ☐ Yes
- ☐ No
- ☐ Needs correction

Notes:

3. Are all required tools and portion tools ready?

- ☐ Yes
- ☐ No
- ☐ Needs correction

Notes:

4. Is all product labeled, dated, fresh, and safe to use?

- ☐ Yes
- ☐ No
- ☐ Needs correction

Notes: _____

5. Is equipment working properly?

- ☐ Yes
- ☐ No
- ☐ Needs correction

Notes: _____

6. What must be corrected before service?

Manager Approval:

- ☐ Station approved for service.
- ☐ Station not approved yet.
- ☐ Corrections completed.

Manager / Lead Signature: _____

Time Approved: _____

33. Station Setup SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Station Setup SOP

Department: Back of House

Station / Process: Assigned Cook Line Station

Purpose:

To set up each cook line station the same way before service so cooks can work safely, quickly, and consistently.

Why It Matters:

A station that is poorly set up slows the cook down, increases mistakes, causes unnecessary movement, creates ticket delays, and can lead to food safety issues. A consistent station setup helps cooks know where everything belongs and helps managers verify readiness quickly.

Who Performs This Task:

Assigned station cook, opening cook, kitchen lead, trainer, or manager on duty.

When It Is Performed:

Before service begins, before a cook takes over a station, after a shift change, or after a station reset.

Tools / Equipment / Supplies Needed:

Station setup guide

Recipe cards

Portion tools

Utensils

Pans

Cutting boards if applicable

Towels

Sanitizer

Gloves if required

Backup product

Plates or packaging

Labels

Thermometers if required

Safety or Sanitation Notes:

Keep raw and ready-to-eat items separated.

Keep food at proper temperatures.

Use clean tools and food-safe containers.

Do not place food directly on unclean surfaces.

Follow allergy and cross-contamination procedures.

Keep sharp tools stored safely.

Step-by-Step Procedure:

1. Review the station setup standard.
2. Clean and sanitize the station before placing food or tools.
3. Place required equipment and tools in assigned locations.
4. Set up portion tools for each product that requires measured portions.
5. Place food products in assigned containers or pans.
6. Check all labels and dates.
7. Verify hot or cold holding temperatures if required.
8. Set backup product in the approved location.
9. Set plates, bowls, baskets, packaging, or garnish items according to station needs.
10. Make sure trash, towels, sanitizer, and gloves are accessible.
11. Keep the station free of unnecessary items.
12. Notify manager or kitchen lead when station is ready for verification.

Quality Standard:

The station is set up according to restaurant standard, with correct product, tools, portions, labels, temperatures, and organization before service.

Common Mistakes to Avoid:

Putting tools in random places.

Setting up without portion tools.

Using unlabeled product.

Over-pulling product.

Under-stocking backup.

Mixing raw and ready-to-eat items.

Leaving the station cluttered.

Forgetting plates or packaging.

Skipping manager verification.

Manager Verification:

Manager or kitchen lead should verify that:

- ☐ Station matches setup standard.
- ☐ Required product is available.
- ☐ Product is labeled and dated.
- ☐ Portion tools are present.
- ☐ Tools are clean and organized.
- ☐ Backup product is ready.
- ☐ Food safety standards are followed.
- ☐ Station is ready for service.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Station Setup Checklist

Date: _____

Station: _____

Cook Name: _____

Manager / Lead Name: _____

Setup Tasks

- ☐ Station cleaned.
- ☐ Station sanitized.
- ☐ Tools placed correctly.
- ☐ Portion tools ready.
- ☐ Recipe cards available if applicable.
- ☐ Product stocked.
- ☐ Product labels checked.
- ☐ Product dates checked.
- ☐ Product quality checked.
- ☐ Backup product ready.
- ☐ Plates / bowls / baskets ready.
- ☐ Packaging ready if applicable.
- ☐ Towels ready.
- ☐ Sanitizer ready.
- ☐ Gloves ready if required.
- ☐ Trash can ready.
- ☐ Raw and ready-to-eat items separated.
- ☐ Station free of clutter.
- ☐ Manager / lead verified setup.

Notes:

Cook Initials: _____

Manager / Lead Initials: _____

Station Setup Verification Form

Date: _____

Station: _____

Cook Assigned: _____

Verified By: _____

Station Status

- ☐ Ready
 - ☐ Not ready
 - ☐ Needs correction
- What was checked?

- ☐ Product
- ☐ Tools
- ☐ Portion tools
- ☐ Labels
- ☐ Dates
- ☐ Cleanliness
- ☐ Equipment
- ☐ Backup product
- ☐ Food safety
- ☐ Organization
- ☐ Other: _____

Corrections Needed:

Was correction completed before service?

- ☐ Yes
 - ☐ No
 - ☐ Not applicable
- Follow-Up Needed:

- ☐ Yes
- ☐ No

Follow-Up Action:

Manager / Lead Signature: _____

34. Recipe Execution SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Recipe Execution SOP

Department: Back of House

Station / Process: Recipe and Menu Item Preparation

Purpose:

To make sure menu items are prepared according to restaurant recipes, build standards, portions, and presentation expectations.

Why It Matters:

Recipe execution affects food quality, guest satisfaction, food cost, plate consistency, ticket accuracy, and brand trust. Guests expect the same menu item to look and taste the same every time. Poor recipe execution creates waste, remakes, complaints, and inconsistent guest experiences.

Who Performs This Task:

Cook, prep cook, trainer, kitchen lead, chef, or manager on duty.

When It Is Performed:

Any time a menu item, component, side, sauce, garnish, or plated item is prepared.

Tools / Equipment / Supplies Needed:

Recipe cards

Menu specifications

Portion tools

Scales if applicable

Scoops, cups, ladles, or tongs

Plates or packaging

Cooking equipment

Thermometers if required

Garnish standards

POS ticket or order screen

Safety or Sanitation Notes:

Follow food safety standards.

Cook food to required temperatures.

Prevent cross-contamination.

Follow allergy procedures.

Use clean tools and food-safe surfaces.

Do not use expired or questionable product.

Step-by-Step Procedure:

1. Read the ticket or recipe requirement.
2. Confirm the menu item and any modifiers.
3. Review the recipe card if needed.
4. Gather required ingredients.
5. Use correct portion tools.
6. Prepare the item in the correct order.
7. Cook or assemble according to restaurant standard.
8. Check temperature if required.
9. Add sides, sauces, toppings, or garnish according to recipe.
10. Check plate or packaging presentation.
11. Confirm modifiers were followed.
12. Send item only when complete, clean, correct, and ready.

Quality Standard:

Each item is prepared according to the approved recipe, with correct ingredients, portions, cooking method, modifiers, and presentation.

Common Mistakes to Avoid:

Guessing recipes.

Skipping recipe cards.

Using wrong portions.

Forgetting modifiers.

Using wrong garnish.

Overcooking or undercooking.

Sending incomplete plates.

Using expired product.

Ignoring presentation standards.

Failing to ask questions when unsure.

Manager Verification:

Manager, trainer, or kitchen lead should verify that:

☐ Cook follows recipe.

☐ Cook uses correct portions.

☐ Cook follows modifiers.

☐ Cook checks quality before sending.

☐ Cook understands presentation standard.

☐ Cook knows when to ask for help.

☐ Cook corrects mistakes quickly.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Recipe Accuracy Checklist

Date: _____

Employee Name: _____

Manager / Trainer Name: _____

Menu Item Reviewed: _____

Recipe Review

- ☐ Correct recipe used.
- ☐ Correct ingredients used.
- ☐ Correct portion tools used.
- ☐ Correct cooking method followed.
- ☐ Correct cook time followed if applicable.
- ☐ Correct temperature reached if applicable.
- ☐ Modifiers followed.
- ☐ Correct sides included.
- ☐ Correct sauce / topping / garnish used.
- ☐ Plate or packaging presentation correct.
- ☐ Item sent complete and clean.

Performance Review:

- ☐ Not ready
- ☐ Needs more practice
- ☐ Acceptable
- ☐ Strong
- ☐ Ready for sign-off

Mistakes Observed:

Correction Needed:

Manager Signature: _____

Recipe Deviation Form

Date: _____

Time: _____

Employee Name: _____

Manager / Lead Name: _____

Menu Item: _____

Deviation Type:

- ☐ Wrong ingredient
- ☐ Wrong portion
- ☐ Missing item
- ☐ Wrong cook time
- ☐ Wrong temperature
- ☐ Wrong garnish
- ☐ Wrong plate / packaging
- ☐ Modifier missed
- ☐ Recipe not followed
- ☐ Other: _____

What Happened?

Possible Cause:

- ☐ Employee did not know recipe.
- ☐ Recipe card unavailable.
- ☐ Product was missing.
- ☐ Ticket was unclear.
- ☐ Station was rushed.
- ☐ Portion tool missing.
- ☐ Training issue.
- ☐ Other: _____

Corrective Action:

- ☐ Item remade.
- ☐ Recipe reviewed.
- ☐ Employee retrained.
- ☐ Portion tool replaced.
- ☐ Recipe card updated.
- ☐ Manager follow-up required.
- ☐ Other: _____

Follow-Up Needed:

☐ Yes

☐ No

Follow-Up Date: _____

Employee Signature: _____

Manager Signature: _____

35. Allergy Order SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Allergy Order SOP

Department: Front of House / Back of House / Management

Station / Process: Allergy Order Handling

Purpose:

To make sure allergy orders are communicated, prepared, verified, and served with serious attention and caution.

Why It Matters:

Food allergies can be serious and may be life-threatening. Allergy mistakes can harm guests, damage trust, create legal risk, and put the restaurant in a dangerous situation. A clear allergy SOP helps employees avoid guessing and follow a careful communication and verification process.

Who Performs This Task:

Server, bartender, host if receiving information, cook, expo, kitchen lead, manager, or any employee involved in the order.

When It Is Performed:

Any time a guest mentions an allergy, food sensitivity, ingredient concern, or cross-contact concern.

Tools / Equipment / Supplies Needed:

Allergy policy

POS allergy notes

Manager communication

Clean tools

Clean surfaces

Recipe / ingredient information

Kitchen communication

Allergy order verification form if used

Safety or Sanitation Notes:

Do not guess about ingredients.

Do not treat allergies like preferences.

Prevent cross-contact according to restaurant policy.

Use clean tools and surfaces when required.

Notify a manager according to policy.

Do not serve the item if there is uncertainty.

Step-by-Step Procedure:

1. Take the guest's allergy statement seriously.
2. Clarify the allergy concern without guessing.
3. Notify the manager according to restaurant policy.
4. Enter allergy notes clearly in the POS or order system.
5. Communicate the allergy to the kitchen, expo, or manager.
6. Confirm whether the item can be safely prepared according to restaurant policy.
7. Use clean tools, surfaces, pans, gloves, or procedures required by policy.
8. Prevent cross-contact as required.
9. Verify the order before it leaves the kitchen.
10. Communicate clearly to the server or manager.
11. Serve only when the order has been verified.
12. If uncertain, stop and ask the manager before serving.

Quality Standard:

Allergy concerns are taken seriously, communicated clearly, prepared according to policy, verified before service, and never guessed.

Common Mistakes to Avoid:

- Guessing about ingredients.
- Failing to tell the manager.
- Entering unclear allergy notes.
- Treating allergy as a preference.
- Ignoring cross-contact risk.
- Using contaminated tools or surfaces.
- Serving an item when uncertain.
- Failing to verify before service.

Manager Verification:

Manager or kitchen lead should verify that:

- ☐ Allergy was communicated clearly.
- ☐ POS / ticket note was clear.
- ☐ Kitchen understood the concern.
- ☐ Required procedures were followed.
- ☐ Cross-contact risk was addressed.
- ☐ Order was verified before service.
- ☐ Employee knows not to guess.

Training Sign-Off:

Employee Name: _____
 Trainer Name: _____
 Manager Name: _____
 Employee Signature: _____
 Trainer Signature: _____
 Manager Signature: _____
 Date Trained: _____
 SOP Review Date: _____

Allergy Order Checklist

Date: _____
 Employee Name: _____
 Manager Name: _____
 Guest / Table: _____
 Allergy Concern: _____

Allergy Order Steps

- ☐ Guest concern taken seriously.
- ☐ Allergy clarified.
- ☐ Manager notified according to policy.
- ☐ POS / ticket note entered clearly.
- ☐ Kitchen / expo notified.
- ☐ Ingredient concern reviewed.
- ☐ Cross-contact risk considered.
- ☐ Clean tools / surface used if required.
- ☐ Order prepared according to policy.
- ☐ Order verified before service.
- ☐ Server / manager notified when ready.
- ☐ Order not served until verified.

Notes:

 Manager Signature: _____

Allergy Order Verification Form

Date: _____
 Time: _____
 Table / Check Number: _____
 Guest Allergy Concern: _____
 Server Name: _____
 Cook Name: _____
 Manager Name: _____
 Menu Item Ordered: _____

Ingredient / Cross-Contact Concern:

Preparation Notes:

Verification

- ☐ Allergy communicated to manager.
- ☐ Allergy communicated to kitchen.
- ☐ POS / ticket marked clearly.
- ☐ Ingredients reviewed.
- ☐ Clean tools / surfaces used if required.
- ☐ Cross-contact procedure followed.
- ☐ Final order verified by manager or lead.
- ☐ Server informed before delivery.

Order Approved to Serve?

- ☐ Yes
- ☐ No

Manager Signature: _____

36. Cook Line Closing SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Cook Line Closing SOP

Department: Back of House

Station / Process: Cook Line Closing

Purpose:

To close the cook line cleanly, safely, and according to restaurant standards so the kitchen is ready for the next shift.

Why It Matters:

A poor cook line close creates food safety problems, waste, equipment issues, pest risk, employee frustration, and weak opening performance the next day. A strong close protects product, cleanliness, equipment, and manager accountability.

Who Performs This Task:

Closing cook, station cook, kitchen lead, dishwasher if assigned, or manager on duty.

When It Is Performed:

At the end of service, after final tickets are completed, and before the cook leaves.

Tools / Equipment / Supplies Needed:

Closing Checklist

Approved sanitizer

Clean towels

Trash bags

Labels

Food storage containers

Thermometers if required

Cleaning tools

Chemical supplies

Equipment cleaning tools

Manager approval

Safety or Sanitation Notes:

Cool, store, label, and date food according to policy.

Do not leave food in unsafe temperature conditions.

Use caution around hot equipment.

Use chemicals according to label.

Do not mix chemicals.

Keep floors safe.

Turn off or secure equipment according to restaurant procedure.

Report equipment problems immediately.

Step-by-Step Procedure:

1. Complete all active tickets.
2. Confirm with manager or lead before breaking down the station.
3. Remove product from the station according to restaurant procedure.
4. Check product quality, labels, and dates.
5. Store usable product correctly.
6. Discard unsafe, expired, or approved waste according to policy.
7. Label and date product as required.
8. Clean station surfaces.
9. Clean tools, pans, boards, and utensils.
10. Clean assigned equipment according to procedure.
11. Remove trash.
12. Sweep and mop assigned floor area if required.
13. Return supplies to correct locations.
14. Communicate low product, prep needs, equipment issues, or waste concerns.
15. Ask manager or kitchen lead for final inspection.
16. Complete corrections before leaving.
17. Receive manager approval before clocking out or leaving.

Quality Standard:

The station is clean, product is stored safely, tools are put away, equipment is cleaned or secured, and the manager or lead has approved the close.

Common Mistakes to Avoid:

Breaking down too early.

Leaving unlabeled product.

Storing questionable food.

Skiping equipment cleaning.

Leaving trash behind.

Leaving tools dirty.

Leaving floors unsafe.

Not reporting low product.

Leaving without manager inspection.

Assuming someone else will finish the station.

Manager Verification:

Manager or kitchen lead should verify that:

- ☐ Final tickets are complete.
- ☐ Product is stored correctly.
- ☐ Product is labeled and dated.
- ☐ Unsafe product is discarded according to policy.
- ☐ Station is cleaned.
- ☐ Equipment is cleaned or secured.
- ☐ Tools are cleaned and stored.
- ☐ Trash is removed.
- ☐ Floors are safe.
- ☐ Issues are reported.
- ☐ Employee is approved to leave.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Cook Line Closing Checklist

Date: _____

Cook Name: _____

Station: _____

Manager / Lead Name: _____

Closing Tasks

- ☐ Final tickets completed.
- ☐ Manager / lead approved breakdown.
- ☐ Product removed from station.
- ☐ Product quality checked.
- ☐ Product stored correctly.
- ☐ Product labeled.
- ☐ Product dated.
- ☐ Unsafe / expired product discarded according to policy.
- ☐ Station surfaces cleaned.
- ☐ Tools cleaned.
- ☐ Pans cleaned or sent to dish.
- ☐ Cutting boards cleaned if applicable.
- ☐ Equipment cleaned according to procedure.
- ☐ Trash removed.
- ☐ Floors swept.
- ☐ Floors mopped if required.
- ☐ Supplies returned.
- ☐ Low product reported.
- ☐ Prep needs reported.
- ☐ Equipment issues reported.
- ☐ Waste concerns reported.
- ☐ Manager / lead inspection requested.
- ☐ Corrections completed.
- ☐ Employee approved to leave.

Notes:

Cook Initials: _____

Manager / Lead Initials: _____

Line Closing Approval Form

Date: _____

Station: _____

Cook Name: _____

Manager / Lead Name: _____

Closing Review

1. Was product stored safely and correctly?

- ☐ Yes
- ☐ No
- ☐ Needs correction

Notes:

2. Was product labeled and dated?

- ☐ Yes
- ☐ No
- ☐ Needs correction

Notes:

3. Was the station cleaned properly?

- ☐ Yes
☐ No
☐ Needs correction

Notes:

4. Was equipment cleaned or secured properly?

- ☐ Yes
☐ No
☐ Needs correction

Notes:

5. Were trash and floors completed?

- ☐ Yes
☐ No
☐ Needs correction

Notes:

6. Were low product, prep needs, equipment issues, or waste concerns reported?

- ☐ Yes
☐ No
☐ Not applicable

Notes:

Corrections Required:

Cook approved to leave?

- ☐ Yes
☐ No

Manager / Lead Signature: _____

Time Approved: _____

Part 5 Review: Model SOP Application Checkpoint

Date: _____

Manager Name: _____

Restaurant / Location: _____

Use this checkpoint to confirm that the model SOPs were studied, customized, trained, and verified - not merely read.

1. Has the Cook Line Opening SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

2. Has the Station Setup SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

3. Has the Recipe Execution SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

4. Has the Allergy Order SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

5. Has the Cook Line Closing SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

6. Which additional procedure from this department must the restaurant build next?

7. What training, checklist, poster, or verification gap still needs correction?

Person Responsible: _____ Deadline: _____

Manager Signature: _____ Follow-Up Date: _____

37. Prep List Completion SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Prep List Completion SOP

Department: Back of House

Station / Process: Prep List / Production Planning

Purpose:

To make sure prep work is completed accurately, in priority order, and according to restaurant needs.

Why It Matters:

The prep list controls whether the kitchen is ready for service. If prep is incomplete, the cook line runs out of product. If prep is excessive, waste increases. If prep is done out of order, urgent items may not be ready when needed. A clear prep list process protects ticket times, food cost, product quality, and manager control.

Who Performs This Task:

Prep cook, kitchen lead, cook, chef, or manager on duty.

When It Is Performed:

Before service, during prep shifts, before large events, before expected rushes, and during shift handoff.

Tools / Equipment / Supplies Needed:

Prep list

Par levels

Sales forecast or expected volume if available

Recipe cards

Production sheets

Inventory or on-hand counts

Labels

Storage containers

Manager approval process

Safety or Sanitation Notes:

Follow food safety rules for all prepared products.

Keep product at safe temperatures.

Label and date completed prep.

Prevent cross-contamination.

Do not prep product if quality is questionable.

Step-by-Step Procedure:

1. Review the full prep list before starting.
2. Identify urgent items needed for immediate service.
3. Identify high-volume items.
4. Check on-hand product before prepping more.
5. Compare prep needs to par levels and expected sales.
6. Ask manager or kitchen lead for clarification if priorities are unclear.
7. Complete prep in priority order.
8. Follow recipe and portion standards.
9. Label and date completed product immediately.
10. Store completed prep in the correct location.
11. Mark completed items on the prep list.
12. Communicate items that could not be completed.
13. Communicate low product, waste, spoilage, or missing ingredients.
14. Review completed prep with manager or kitchen lead before leaving.

Quality Standard:

Prep is completed according to priority, par level, recipe standard, food safety requirements, and manager direction.

Common Mistakes to Avoid:

Starting random prep without reviewing priorities.

Prepping too much product.

Prepping too little product.

Failing to check on-hand inventory.

Leaving completed prep unlabeled.

Not communicating incomplete prep.

Ignoring par levels.

Not asking questions when the prep list is unclear.

Completing low-priority items before urgent items.

Manager Verification:

Manager or kitchen lead should verify that:

- ☐ Prep list was reviewed.
- ☐ Priorities were followed.
- ☐ On-hand product was checked.
- ☐ Prep matched par needs.
- ☐ Recipes were followed.
- ☐ Product was labeled and dated.
- ☐ Completed prep was stored correctly.
- ☐ Incomplete prep was communicated.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Prep List Completion Checklist

Date: _____

Prep Cook Name: _____

Manager / Lead Name: _____

Prep List Review

- ☐ Full prep list reviewed before starting.
- ☐ Urgent items identified.
- ☐ High-volume items identified.
- ☐ On-hand product checked.
- ☐ Par levels reviewed.
- ☐ Expected volume considered.
- ☐ Recipes followed.
- ☐ Portion standards followed.
- ☐ Completed prep labeled.
- ☐ Completed prep dated.
- ☐ Completed prep stored correctly.
- ☐ Completed items marked off.
- ☐ Incomplete items communicated.
- ☐ Missing product reported.
- ☐ Waste or spoilage reported.
- ☐ Manager / lead reviewed completion.

Notes:

Prep Cook Initials: _____**Manager / Lead Initials:** _____**Prep Completion Review Form****Date:** _____**Prep Cook Name:** _____**Manager / Lead Name:** _____**Shift / Prep Period:** _____**Prep Completion Status**

- ☐ Complete
- ☐ Mostly complete
- ☐ Partially complete
- ☐ Not complete

Items Completed:

Items Not Completed:

Reason Items Were Not Completed:

- ☐ Product missing
- ☐ Time shortage
- ☐ Staffing issue
- ☐ Equipment issue
- ☐ Recipe unclear
- ☐ Par level unclear
- ☐ Manager changed priority
- ☐ Other: _____

Action Needed:

Person Responsible: _____**Deadline:** _____**Manager / Lead Signature:** _____

38. Protein Prep SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Protein Prep SOP

Department: Back of House / Prep

Station / Process: Protein Handling, Portioning, Storing, and Labeling

Purpose:

To make sure proteins are handled, prepped, portioned, labeled, and stored safely and consistently.

Why It Matters:

Protein prep affects food safety, food cost, recipe consistency, cook line speed, portion control, and guest satisfaction. Proteins are often high-cost and high-risk products. Poor handling can create contamination, waste, over-portioning, under-portioning, and serious food safety concerns.

Who Performs This Task:

Prep cook, cook, kitchen lead, chef, trainer, or manager on duty.

When It Is Performed:

During scheduled prep, before service, before events, when par levels require additional product, or when product is received and prepared for use.

Tools / Equipment / Supplies Needed:

Prep list

Recipe / portion chart

Clean cutting board

Approved protein cutting board if used

Knives

Scale

Portion bags or containers

Labels

Markers

Gloves if required

Sanitizer

Clean towels

Thermometer if required

Storage area

Safety or Sanitation Notes:

Wash hands before and after handling proteins.

Keep raw proteins separate from ready-to-eat foods.

Use designated tools and boards according to policy.

Prevent cross-contamination.

Keep proteins at safe temperatures.

Label and date product.

Follow cooking, cooling, and storage rules.

Clean and sanitize work area thoroughly after protein prep.

Step-by-Step Procedure:

1. Wash hands before beginning.
2. Review protein prep item and portion standard.
3. Check product label, date, quality, and temperature if required.
4. Set up clean and approved tools.
5. Keep raw product away from ready-to-eat product.
6. Portion, trim, cut, or prepare protein according to restaurant standard.
7. Use scale or portion guide when required.
8. Place product in approved container or portion bag.
9. Label and date product immediately.
10. Store product in correct location and temperature.
11. Record waste or trim if required.
12. Clean and sanitize tools, board, table, and surrounding area.
13. Wash hands after completing protein prep.
14. Notify manager of quality issues, shortage, waste concern, or unsafe product.

Quality Standard:

Proteins are portioned accurately, handled safely, labeled correctly, stored properly, and prepped according to restaurant standards.

Common Mistakes to Avoid:

Handling raw protein near ready-to-eat foods.

Using the wrong cutting board.

Guessing portions.

Not weighing when required.

Leaving protein out too long.

Failing to label and date product.

Storing product in the wrong location.

Not cleaning and sanitizing after prep.

Ignoring product quality concerns.

Failing to record waste.

Manager Verification:

Manager or kitchen lead should verify that:

- ☐ Employee follows raw protein safety rules.
- ☐ Correct tools and boards are used.
- ☐ Portions are accurate.
- ☐ Product is labeled and dated.
- ☐ Product is stored correctly.
- ☐ Work area is cleaned and sanitized.
- ☐ Waste or quality concerns are reported.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Protein Prep Checklist

Date: _____

Prep Cook Name: _____

Manager / Lead Name: _____

Protein Item: _____

Protein Prep Review

- ☐ Hands washed before prep.
- ☐ Product label checked.
- ☐ Product date checked.
- ☐ Product quality checked.
- ☐ Temperature checked if required.
- ☐ Correct cutting board used.
- ☐ Correct knife / tools used.
- ☐ Raw product kept separate.
- ☐ Correct portion standard followed.
- ☐ Scale used if required.
- ☐ Product placed in proper container.
- ☐ Product labeled.
- ☐ Product dated.
- ☐ Product stored correctly.
- ☐ Waste / trim recorded if required.
- ☐ Work area cleaned and sanitized.
- ☐ Hands washed after prep.
- ☐ Manager notified of concerns.

Notes:

Prep Cook Initials: _____

Manager / Lead Initials: _____

Protein Handling Verification Form

Date: _____

Protein Item: _____

Employee Name: _____

Manager / Lead Name: _____

Verification Focus:

- ☐ Portioning
- ☐ Raw handling
- ☐ Storage
- ☐ Labeling
- ☐ Temperature
- ☐ Cleaning and sanitation
- ☐ Waste / trim
- ☐ Other: _____

Observation:

Was the standard followed?

- ☐ Yes
- ☐ No
- ☐ Needs correction

Corrections Needed:

Follow-Up Needed:

- ☐ Yes
- ☐ No

Follow-Up Date: _____

Manager / Lead Signature: _____

39. Labeling and Dating SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Labeling and Dating SOP

Department: Back of House / Prep / Storage

Station / Process: Food Labeling and Date Marking

Purpose:

To make sure prepared food, opened product, transferred product, and stored product are labeled and dated correctly.

Why It Matters:

Labeling and dating protect food safety, reduce waste, improve rotation, support health inspection readiness, and help employees know what product to use first. Poor labeling can lead to expired food, unsafe product, duplicate prep, waste, confusion, and inconsistent quality.

Who Performs This Task:

Prep cook, cook, bartender if applicable, dishwasher if assigned storage tasks, kitchen lead, or manager on duty.

When It Is Performed:

Any time food is prepped, opened, transferred, portioned, cooled, stored, or saved for later use.

Tools / Equipment / Supplies Needed:

Labels

Markers

Date stickers if applicable

Food containers

Lids

Prep list

Shelf-life guide

Storage area

Safety or Sanitation Notes:

Follow health department and company labeling requirements.

Do not use unlabeled or questionable product.

Keep labels readable.

Do not cover old labels with unclear new labels.

Discard product according to restaurant policy when date or identity is unknown.

Step-by-Step Procedure:

- 1. Place product in clean approved container.**
- 2. Identify the product clearly.**
- 3. Add product name to label.**
- 4. Add prep date or open date according to policy.**
- 5. Add use-by date according to restaurant shelf-life standard if required.**
- 6. Add employee initials if required.**
- 7. Place label where it can be read easily.**
- 8. Remove old labels that no longer apply.**
- 9. Store product in correct location.**
- 10. Report unlabeled or questionable product to manager.**

Quality Standard:

All required product is clearly labeled, dated, readable, accurate, and stored correctly.

Common Mistakes to Avoid:

Leaving product unlabeled.

Using unreadable labels.

Writing only initials without product name.

Forgetting use-by date.

Leaving old labels on containers.

Mixing products with different dates.

Using product when date or identity is unclear.

Failing to report unlabeled product.

Manager Verification:

Manager or kitchen lead should verify that:

- ☐ Product name is listed.
- ☐ Prep / open date is listed.
- ☐ Use-by date is listed if required.
- ☐ Initials are included if required.
- ☐ Label is readable.
- ☐ Old labels are removed.
- ☐ Product is stored correctly.
- ☐ Unlabeled product is corrected or discarded according to policy.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Labeling and Dating Checklist

Date: _____

Employee Name: _____

Manager / Lead Name: _____

Labeling Review

- ☐ Product name written clearly.
- ☐ Prep date / open date written.
- ☐ Use-by date written if required.
- ☐ Employee initials included if required.
- ☐ Label is readable.
- ☐ Label is placed correctly.
- ☐ Old labels removed.
- ☐ Product stored correctly.
- ☐ Unlabeled product corrected.
- ☐ Questionable product reported.
- ☐ Shelf-life standard followed.

Notes:

Employee Initials: _____

Manager / Lead Initials: _____

Labeling Correction Form

Date: _____

Time: _____

Product: _____

Location Found: _____

Found By: _____

Issue Type:

- ☐ No label
- ☐ No date
- ☐ No product name
- ☐ No use-by date
- ☐ Unreadable label
- ☐ Old label still attached
- ☐ Wrong date
- ☐ Unknown product
- ☐ Other: _____

Action Taken:

- ☐ Label corrected.
- ☐ Manager reviewed.
- ☐ Product discarded.
- ☐ Employee coached.
- ☐ Shelf-life reviewed.
- ☐ Other: _____

Employee Responsible if Known: _____

Follow-Up Needed:

- ☐ Yes
- ☐ No

Follow-Up Action:

Manager / Lead Signature: _____

40. FIFO Rotation SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: FIFO Rotation SOP

Department: Back of House / Storage

Station / Process: Product Rotation

Purpose:

To make sure older product is used before newer product according to FIFO standards.

Why It Matters:

FIFO means first in, first out. Proper rotation helps reduce waste, protect food safety, improve product quality, prevent expired product, and support inventory accuracy. Poor rotation causes spoilage, unnecessary food cost, and health inspection risk.

Who Performs This Task:

Prep cook, cook, dishwasher if assigned storage duties, receiver, kitchen lead, or manager on duty.

When It Is Performed:

When receiving product, storing product, pulling product, restocking stations, organizing coolers, organizing freezers, or reviewing inventory.

Tools / Equipment / Supplies Needed:

Labels

Date stickers

Storage shelves

Food containers

Receiving product

Shelf-life guide

Inventory or par sheets if applicable

Safety or Sanitation Notes:

Do not use expired, spoiled, or questionable product.

Keep food at safe temperatures during rotation.

Store raw products safely and below ready-to-eat products according to policy.

Follow health department and company storage requirements.

Step-by-Step Procedure:

- 1. Check product dates before storing or pulling product.**
- 2. Place older product in front or on top according to storage setup.**
- 3. Place newer product behind or below older product when appropriate.**
- 4. Do not mix old and new product unless allowed by policy.**
- 5. Check for expired, spoiled, damaged, or questionable product.**
- 6. Notify manager of product that should be discarded or reviewed.**
- 7. Keep labels visible.**
- 8. Keep storage areas organized.**
- 9. Rotate product during restocking and line setup.**
- 10. Review rotation during cooler, freezer, and dry storage checks.**

Quality Standard:

Product is stored so older usable product is used first, labels are visible, and expired or questionable product is removed according to policy.

Common Mistakes to Avoid:

Putting new product in front of old product.

Using product without checking date.

Mixing old and new product incorrectly.

Leaving expired product in storage.

Hiding old product behind new product.

Failing to label product.

Ignoring damaged or spoiled product.

Not telling manager about questionable product.

Manager Verification:

Manager or kitchen lead should verify that:

- ☐ Older product is accessible first.
- ☐ Newer product is placed behind older product.
- ☐ Labels are visible.
- ☐ Dates are checked.
- ☐ Expired product is removed.
- ☐ Questionable product is reported.
- ☐ Storage areas remain organized.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

FIFO Rotation Checklist

Date: _____

Employee Name: _____

Manager / Lead Name: _____

Area Checked:

- ☐ Walk-in cooler
- ☐ Walk-in freezer
- ☐ Dry storage
- ☐ Prep station
- ☐ Cook line
- ☐ Bar storage
- ☐ Other: _____

FIFO Review

- ☐ Product dates checked.
- ☐ Older product placed first.
- ☐ Newer product placed behind older product.
- ☐ Labels visible.
- ☐ Expired product removed.
- ☐ Spoiled product reported.
- ☐ Damaged product reported.
- ☐ Old and new product not mixed improperly.
- ☐ Storage area organized.
- ☐ Manager notified of concerns.

Notes:

Employee Initials: _____

Manager / Lead Initials: _____

Expired Product Removal Form

Date: _____

Time: _____

Product: _____

Location Found: _____

Found By: _____

Reason for Removal:

- ☐ Expired
- ☐ Spoiled
- ☐ Unknown date

- ☐ Damaged
 - ☐ Unsafe temperature concern
 - ☐ Contamination concern
 - ☐ Other: _____
- Amount Removed: _____

Action Taken:

- ☐ Discarded
- ☐ Held for manager review
- ☐ Vendor issue noted
- ☐ Waste recorded
- ☐ Other: _____

Possible Cause:

- ☐ Poor rotation
- ☐ Overproduction
- ☐ Ordering issue
- ☐ Labeling issue
- ☐ Storage issue
- ☐ Low sales
- ☐ Other: _____

Follow-Up Needed:

- ☐ Yes
- ☐ No

Manager / Lead Signature: _____

Part 6 Review: Model SOP Application Checkpoint

Date: _____

Manager Name: _____

Restaurant / Location: _____

Use this checkpoint to confirm that the model SOPs were studied, customized, trained, and verified - not merely read.

1. Has the Prep List Completion SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

2. Has the Protein Prep SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

3. Has the Labeling and Dating SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

4. Has the FIFO Rotation SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

5. Which additional procedure from this department must the restaurant build next?

6. What training, checklist, poster, or verification gap still needs correction?

Person Responsible: _____ Deadline: _____

Manager Signature: _____ Follow-Up Date: _____

41. Dirty Dish Sorting SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Dirty Dish Sorting SOP

Department: Back of House / Dish

Station / Process: Dirty Dish Sorting

Purpose:

To sort dirty dishes, pans, silverware, glassware, and kitchen tools in a way that keeps dish flow organized and safe.

Why It Matters:

Poor sorting slows the dishwasher, damages items, creates safety hazards, increases breakage, and causes clean supplies to run out during service. Good sorting helps the dish pit move faster and keeps urgent items from being buried under less important items.

Who Performs This Task:

Dishwasher, busser, server, cook, bartender, food runner, or any employee returning dirty items to the dish area.

When It Is Performed:

Any time dirty dishes, glassware, silverware, pans, utensils, or kitchen tools are brought to the dish area.

Tools / Equipment / Supplies Needed:

Dish racks

Glass racks

Silverware bins or baskets

Scraper

Trash can

Compost bin if applicable

Soak bin if applicable

Pot and pan area

Broken glass container if applicable

Safety or Sanitation Notes:

Handle knives and sharp tools carefully.

Do not place knives loose in dish water.

Handle broken glass according to restaurant policy.

Keep hands clear of sharp edges.

Keep floors free of dropped food and liquid.

Wash hands after handling dirty dishes.

Step-by-Step Procedure:

1. Scrape food into the correct trash or waste container.
2. Separate plates, bowls, pans, glassware, silverware, and utensils.
3. Place glassware in the correct glass rack.
4. Place silverware in the correct bin or basket.
5. Place pans and heavy items in the assigned pot/pan area.
6. Keep knives and sharp tools separate according to policy.
7. Do not stack items in an unsafe or unstable way.
8. Keep clean items away from dirty items.
9. Prioritize urgent items when the restaurant is busy.
10. Notify the dishwasher or manager if dish flow is backing up.
11. Report broken glass, unsafe items, or heavy buildup immediately.

Quality Standard:

Dirty items are scraped, sorted, and staged in the correct areas so the dish pit can move efficiently and safely.

Common Mistakes to Avoid:

Dropping everything in one pile.

Placing glassware with plates.
 Throwing silverware into random areas.
 Putting knives loose in dish water.
 Leaving food on plates before stacking.
 Mixing clean and dirty items.
 Blocking the dish machine or clean landing area.
 Ignoring broken glass.
 Letting urgent items get buried.

Manager Verification:

Manager or kitchen lead should verify that:

- ☐ Employees scrape dishes correctly.
- ☐ Items are sorted by type.
- ☐ Glassware is separated.
- ☐ Silverware is separated.
- ☐ Knives are handled safely.
- ☐ Clean and dirty items stay separate.
- ☐ Urgent items are prioritized.
- ☐ Dish flow remains organized.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Dirty Dish Sorting Checklist

Date: _____

Employee Name: _____

Manager / Lead Name: _____

Sorting Review

- ☐ Food scraped properly.
- ☐ Plates sorted correctly.
- ☐ Bowls sorted correctly.
- ☐ Pans separated.
- ☐ Glassware placed in correct rack.
- ☐ Silverware placed in correct bin.
- ☐ Utensils sorted correctly.
- ☐ Knives handled safely.
- ☐ Broken glass handled properly if applicable.
- ☐ Clean and dirty areas kept separate.
- ☐ Urgent items prioritized.
- ☐ Dish flow area kept clear.

Notes:

Employee Initials: _____

Manager / Lead Initials: _____

Dish Flow Issue Form

Date: _____

Time: _____

Employee Name if Applicable: _____

Manager / Lead Name: _____

Issue Type:

- ☐ Items not scraped
- ☐ Glassware mixed with dishes
- ☐ Silverware not separated
- ☐ Knives handled unsafely

- ☐ Broken glass concern
- ☐ Dirty items placed in clean area
- ☐ Dish area overloaded
- ☐ Urgent items buried
- ☐ Other: _____

What Happened?

Immediate Correction:

Follow-Up Needed:

- ☐ Yes
- ☐ No

Follow-Up Action:

Manager / Lead Signature: _____

42. Dish Machine Operation SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Dish Machine Operation SOP

Department: Back of House / Dish

Station / Process: Dish Machine Operation

Purpose:

To operate the dish machine safely, correctly, and according to restaurant standards.

Why It Matters:

The dish machine is critical to clean plateware, glassware, utensils, pans, and tools. If the machine is used incorrectly, items may not be clean or sanitized, chemicals may run low, water may not be correct, and the restaurant may fail food safety standards. Proper machine operation protects guests, employees, and health inspection readiness.

Who Performs This Task:

Dishwasher, kitchen lead, manager, or employee trained to operate the dish machine.

When It Is Performed:

Any time dishes, glassware, utensils, pans, or tools are run through the dish machine.

Tools / Equipment / Supplies Needed:

Dish machine

Dish racks

Glass racks

Silverware baskets

Approved detergent / sanitizer / rinse chemicals

Scraper

Sprayer

Thermometer or test strips if required

Dish machine log if used

Clean storage area

Safety or Sanitation Notes:

Follow manufacturer instructions and restaurant policy.

Do not place hands near moving parts.

Use caution with hot water, steam, and chemicals.

Do not mix chemicals.

Report chemical, temperature, leak, or machine problems immediately.

Do not use the machine if it is unsafe or not working properly.

Step-by-Step Procedure:

1. Confirm the machine is assembled correctly.
2. Turn on the machine according to restaurant procedure.
3. Check chemical levels if required.
4. Check water temperature or sanitizer level according to policy.
5. Scrape and rinse items before loading when required.
6. Load racks properly without overcrowding.
7. Run the machine cycle according to procedure.
8. Allow items to complete the full cycle.
9. Check items after washing.
10. Rewash items that are not clean.
11. Allow clean items to dry according to policy.
12. Store clean items in the correct location.
13. Keep dirty items away from clean items.
14. Report machine problems immediately.
15. Clean the machine according to restaurant procedure during and after use.

Quality Standard:

Items are washed, sanitized, dried, and stored properly, and the dish machine is operated safely and correctly.

Common Mistakes to Avoid:

Overloading racks.

Running items without scraping when required.

Removing items before cycle is complete.

Storing wet items improperly.

Putting dirty hands on clean items.

Ignoring chemical or temperature problems.

Running the machine when it is not working correctly.

Letting food debris build up inside the machine.

Mixing clean and dirty items.

Manager Verification:

Manager or kitchen lead should verify that:

- ☐ Employee knows machine startup procedure.
- ☐ Employee checks chemicals or temperature if required.
- ☐ Items are loaded correctly.
- ☐ Full cycle is completed.
- ☐ Items are checked after washing.
- ☐ Dirty and clean areas remain separate.
- ☐ Machine problems are reported.
- ☐ Machine is cleaned according to procedure.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Dish Machine Checklist

Date: _____

Dishwasher Name: _____

Manager / Lead Name: _____

Machine Review

- ☐ Machine assembled correctly.
- ☐ Machine turned on properly.
- ☐ Chemical levels checked if required.
- ☐ Temperature checked if required.
- ☐ Sanitizer checked if required.
- ☐ Items scraped before loading if required.
- ☐ Racks loaded correctly.
- ☐ Machine not overloaded.
- ☐ Full cycle completed.
- ☐ Clean items checked.
- ☐ Items rewashed if needed.
- ☐ Clean items dried properly.
- ☐ Clean items stored correctly.
- ☐ Dirty and clean areas separated.
- ☐ Machine problems reported.
- ☐ Machine cleaned as required.

Notes:

Dishwasher Initials: _____

Manager / Lead Initials: _____

Dish Machine Issue Log

Date: _____

Time: _____

Dishwasher Name: _____

Manager / Lead Name: _____

Issue Type:

- ☐ Machine not turning on
- ☐ Chemical issue
- ☐ Temperature issue
- ☐ Sanitizer issue
- ☐ Leak
- ☐ Drain problem
- ☐ Items not coming clean
- ☐ Machine jam
- ☐ Unusual smell
- ☐ Unusual noise
- ☐ Other: _____

What Happened?

Immediate Action Taken:

- ☐ Manager notified.
- ☐ Machine stopped.
- ☐ Chemical checked.
- ☐ Temperature checked.
- ☐ Maintenance called.
- ☐ Items rewashed.
- ☐ Backup procedure started.
- ☐ Other: _____

Follow-Up Needed:

- ☐ Yes
- ☐ No

Person Responsible: _____

Manager / Lead Signature: _____

43. Dish Pit Closing SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Dish Pit Closing SOP

Department: Back of House / Dish

Station / Process: Dish Pit Closing

Purpose:

To close the dish area completely, safely, and cleanly so the restaurant is ready for the next shift.

Why It Matters:

A poor dish pit close leaves dirty dishes, wet floors, food debris, trash, machine buildup, odor, pest risk, and frustration for the next shift. A strong dish close protects sanitation, safety, next-day readiness, and manager accountability.

Who Performs This Task:

Closing dishwasher, kitchen lead, manager, or assigned closing employee.

When It Is Performed:

At the end of service, after final dishes are completed, and before the dishwasher leaves.

Tools / Equipment / Supplies Needed:

Dish Closing Checklist

Dish machine cleaning tools

Approved cleaners

Approved sanitizer

Trash bags

Broom

Mop

Floor squeegee if used

Storage shelves

Gloves if required

Wet floor sign if needed

Manager approval

Safety or Sanitation Notes:

Follow dish machine shutdown and cleaning procedure.

Use chemicals according to label and policy.

Do not mix chemicals.

Handle broken glass safely.

Keep floors safe.

Do not leave standing water.

Wash hands after cleaning and trash handling.

Secure back door according to restaurant policy if trash is removed.

Step-by-Step Procedure:

1. Complete all remaining dishes, pans, glassware, silverware, and tools.
2. Rewash any items that are not clean.
3. Store clean items in the correct locations.
4. Empty trash from dish area.
5. Clean dirty dish tables, clean landing areas, sinks, and work surfaces.
6. Clean dish machine according to restaurant procedure.
7. Remove food buildup from drains or traps according to policy.
8. Clean sprayer, sink edges, and splash areas.
9. Sweep and mop or squeegee floors.
10. Check for broken glass or unsafe items.
11. Return racks, baskets, and tools to correct locations.
12. Report machine issues, chemical concerns, missing items, broken items, or safety concerns.
13. Ask manager or kitchen lead for final inspection.
14. Complete corrections before leaving.
15. Receive manager approval before clocking out or leaving.

Quality Standard:

All dishes are completed, clean items are stored, the dish machine and area are cleaned, trash is removed, floors are safe, and manager approval is received before the employee leaves.

Common Mistakes to Avoid:

Leaving dirty dishes overnight.

Leaving clean dishes in dirty areas.

Skiping machine cleaning.

Leaving food in drains or traps.

Leaving trash behind.

Leaving wet floors.

Not storing clean items.

Leaving broken glass unsecured.

Not reporting machine problems.

Leaving without manager inspection.

Manager Verification:

Manager or kitchen lead should verify that:

- ☐ All dishes are completed.
- ☐ Clean items are stored correctly.
- ☐ Dish machine is cleaned.
- ☐ Sinks and tables are cleaned.
- ☐ Trash is removed.
- ☐ Drains / traps are addressed according to policy.
- ☐ Floors are clean and safe.
- ☐ Issues are reported.
- ☐ Employee is approved to leave.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Dish Pit Closing Checklist

Date: _____

Dishwasher Name: _____

Manager / Lead Name: _____

Closing Tasks

- ☐ Final dishes completed.
- ☐ Pans completed.
- ☐ Glassware completed.
- ☐ Silverware completed.
- ☐ Kitchen tools completed.
- ☐ Dirty items rewashed if needed.
- ☐ Clean items stored correctly.
- ☐ Dirty dish table cleaned.
- ☐ Clean landing area cleaned.
- ☐ Sinks cleaned.
- ☐ Sprayer area cleaned.
- ☐ Dish machine cleaned.
- ☐ Drains / traps addressed if applicable.
- ☐ Trash removed.
- ☐ Racks returned.
- ☐ Baskets returned.
- ☐ Tools returned.
- ☐ Floors swept.
- ☐ Floors mopped or squeegeed.
- ☐ Broken glass checked.
- ☐ Machine issues reported.
- ☐ Chemical concerns reported.
- ☐ Missing items reported.
- ☐ Manager inspection requested.
- ☐ Corrections completed.
- ☐ Employee approved to leave.

Notes:

Dishwasher Initials: _____

Manager / Lead Initials: _____

Dish Pit Closing Approval Form

Date: _____

Dishwasher Name: _____

Manager / Lead Name: _____

Closing Review

1. Are all dirty dishes, pans, glassware, silverware, and tools completed?

- ☐ Yes
- ☐ No
- ☐ Needs correction

Notes:

2. Are clean items stored correctly?

- ☐ Yes
- ☐ No
- ☐ Needs correction

Notes:

3. Is the dish machine cleaned and shut down according to procedure?

- ☐ Yes
- ☐ No
- ☐ Needs correction

Notes:

4. Are sinks, tables, drains, and splash areas clean?

- ☐ Yes
☐ No
☐ Needs correction

Notes: _____

5. Are trash and floors completed?

- ☐ Yes
☐ No
☐ Needs correction

Notes: _____

6. Were machine, chemical, safety, or shortage concerns reported?

- ☐ Yes
☐ No
☐ Not applicable

Notes: _____

Corrections Required: _____

Dishwasher approved to leave?

- ☐ Yes
☐ No

Manager / Lead Signature: _____

Time Approved: _____

Part 7 Review: Model SOP Application Checkpoint

Date: _____

Manager Name: _____

Restaurant / Location: _____

Use this checkpoint to confirm that the model SOPs were studied, customized, trained, and verified - not merely read.

1. Has the Dirty Dish Sorting SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

2. Has the Dish Machine Operation SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

3. Has the Dish Pit Closing SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

4. Which additional procedure from this department must the restaurant build next?

5. What training, checklist, poster, or verification gap still needs correction?

Person Responsible: _____ Deadline: _____

Manager Signature: _____ Follow-Up Date: _____

44. Handwashing SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Handwashing SOP

Department: All Departments

Station / Process: Employee Handwashing

Purpose:

To make sure employees wash their hands correctly and at the proper times.

Why It Matters:

Handwashing is one of the most important food safety habits in a restaurant. Poor handwashing can spread illness, contaminate food, create health inspection problems, and damage guest trust. Clean hands help protect guests, employees, and the restaurant.

Who Performs This Task:

All employees, including managers, cooks, prep cooks, dishwashers, servers, hosts, bartenders, bussers, food runners, and trainers.

When It Is Performed:

Before handling food

Before putting on gloves

After using the restroom

After touching raw food

After touching trash

After touching face, hair, phone, clothing, or personal items

After coughing, sneezing, eating, drinking, or wiping nose

After cleaning or using chemicals

After handling dirty dishes

After returning from break

Any time hands may be contaminated

Tools / Equipment / Supplies Needed:

Approved handwashing sink

Warm water if available according to facility setup

Soap

Paper towels or approved hand dryer

Trash can

Handwashing signage if required

Safety or Sanitation Notes:

Handwashing must happen at an approved handwashing sink.

Food prep sinks, dish sinks, and service sinks should not be used for handwashing unless specifically approved by health department and restaurant policy.

Gloves do not replace handwashing.

Employees must wash hands before putting on new gloves.

Step-by-Step Procedure:

1. Go to the approved handwashing sink.

2. Wet hands according to restaurant procedure.

3. Apply soap.

4. Scrub hands thoroughly, including backs of hands, between fingers, under nails, and wrists.

5. Scrub for the required time according to health department or restaurant policy.
6. Rinse hands completely.
7. Dry hands using approved method.
8. Turn off faucet according to restaurant procedure.
9. Return to work only after hands are clean.
10. Put on gloves after handwashing if gloves are required for the task.

Quality Standard:

Employees wash hands at the correct times, using the correct sink and approved handwashing method.

Common Mistakes to Avoid:

Skipping handwashing because gloves are used.

Washing hands in food prep sinks.

Rushing handwashing.

Not washing after touching phone, face, hair, trash, or raw food.

Returning from restroom without washing hands.

Putting on gloves with dirty hands.

Using sanitizer bucket instead of washing hands.

Manager Verification:

Manager or trainer should verify that:

- ☐ Employee knows when to wash hands.
- ☐ Employee uses approved handwashing sink.
- ☐ Employee follows correct handwashing steps.
- ☐ Employee washes hands before gloves.
- ☐ Employee understands gloves do not replace handwashing.
- ☐ Employee corrects handwashing mistakes immediately.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Handwashing Observation Checklist

Date: _____

Employee Name: _____

Manager / Trainer Name: _____

Observation Area:

- ☐ Kitchen
- ☐ Prep
- ☐ Dish
- ☐ Bar
- ☐ Server station
- ☐ Restroom return
- ☐ Other: _____

Handwashing Review

- ☐ Employee washed hands at required time.
- ☐ Employee used approved sink.
- ☐ Employee used soap.
- ☐ Employee scrubbed properly.
- ☐ Employee rinsed properly.
- ☐ Employee dried hands properly.
- ☐ Employee washed before putting on gloves.
- ☐ Employee avoided touching contaminated items after washing.
- ☐ Correction was given if needed.

Performance Review:

- ☐ Not ready
- ☐ Needs more practice
- ☐ Acceptable
- ☐ Strong
- ☐ Ready for sign-off

Notes:

Manager Signature: _____

Handwashing Correction Form

Date: _____

Time: _____

Employee Name: _____

Manager Name: _____

Issue Observed:

- ☐ Did not wash hands before food handling
- ☐ Did not wash hands after restroom
- ☐ Did not wash hands after raw food
- ☐ Did not wash hands after trash
- ☐ Did not wash hands after touching face / hair / phone
- ☐ Put gloves on without washing hands
- ☐ Used wrong sink
- ☐ Rushed handwashing
- ☐ Other: _____

Correct Standard Reviewed:

Why This Matters:

Corrective Action:

- ☐ Immediate correction
- ☐ SOP reviewed
- ☐ Employee retrained
- ☐ Follow-up observation required
- ☐ Other: _____

Follow-Up Date: _____

Employee Signature: _____

Manager Signature: _____

45. Sanitizer Bucket SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Sanitizer Bucket SOP

Department: Back of House / Front of House / Bar

Station / Process: Sanitizer Bucket Setup and Use

Purpose:

To make sure sanitizer buckets are prepared, used, stored, and changed correctly.

Why It Matters:

Sanitizer buckets help employees keep food-contact and work surfaces sanitary during the shift. If sanitizer is too weak, too strong, dirty, or used incorrectly, it may not protect the restaurant properly and can create food safety or chemical concerns.

Who Performs This Task:

Cooks, prep cooks, dish employees, bartenders, servers if assigned, bussers, managers, and any employee responsible for cleaning or sanitizing surfaces.

When It Is Performed:

Before service

Before prep begins

At station setup

During shift

After sanitizer becomes dirty

After required time limit according to policy

After spills or contamination

During closing

Tools / Equipment / Supplies Needed:

Approved sanitizer

Sanitizer bucket

Clean towels

Test strips if required

Water source

Label if required

Timer or change schedule if used

Safety or Sanitation Notes:

Use only approved sanitizer.

Follow chemical label and restaurant policy.

Do not mix chemicals.

Check sanitizer strength according to policy.

Keep sanitizer buckets away from food, ice, and guest items.

Do not use sanitizer towels for personal cleaning.

Do not place dirty towels on food-contact surfaces.

Step-by-Step Procedure:

1. Use a clean sanitizer bucket.
2. Fill bucket according to restaurant procedure.
3. Add sanitizer according to label or approved dispenser process.
4. Test sanitizer strength if required.
5. Place clean towels in sanitizer bucket.
6. Store bucket in approved location.
7. Use towels only for approved cleaning and sanitizing tasks.
8. Replace sanitizer when dirty, too weak, too strong, or past required time.
9. Keep bucket away from food and food-contact items.
10. Empty and clean bucket at the end of the shift or when required.

Quality Standard:

Sanitizer is the correct strength, clean, stored safely, and changed according to restaurant policy.

Common Mistakes to Avoid:

Using dirty sanitizer.

Not testing sanitizer when required.

Making sanitizer too strong or too weak.

Leaving towels on counters.

Using sanitizer bucket for non-approved tasks.

Mixing chemicals.

Keeping sanitizer near food.

Not changing sanitizer during the shift.

Using the wrong chemical.

Manager Verification:

Manager or trainer should verify that:

- ☐ Employee sets up sanitizer correctly.
- ☐ Employee tests sanitizer if required.
- ☐ Employee stores bucket correctly.
- ☐ Employee uses towels correctly.
- ☐ Employee changes sanitizer when needed.
- ☐ Employee understands chemical safety.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Sanitizer Bucket Checklist

Date: _____

Employee Name: _____

Manager / Trainer Name: _____

Station / Area: _____

Sanitizer Review

- ☐ Bucket clean before setup.
- ☐ Approved sanitizer used.
- ☐ Sanitizer mixed correctly.
- ☐ Sanitizer tested if required.
- ☐ Test result acceptable if applicable.
- ☐ Clean towels used.
- ☐ Bucket placed in approved location.

- ☐ Bucket kept away from food.
- ☐ Towels used correctly.
- ☐ Sanitizer changed when dirty or expired.
- ☐ Bucket emptied and cleaned when required.

Notes:

Employee Initials: _____

Manager Initials: _____

Sanitizer Check Log

Date: _____

Station / Area: _____

Checked By: _____

Time Checked: _____

Sanitizer Type: _____

Test Required?

☐ Yes

☐ No

Test Result if Applicable: _____

Result:

☐ Acceptable

☐ Too weak

☐ Too strong

☐ Dirty / needs change

☐ Other: _____

Corrective Action:

☐ Sanitizer replaced

☐ Bucket cleaned

☐ Chemical dispenser checked

☐ Manager notified

☐ Other: _____

Manager Initials: _____

46. Three-Compartment Sink SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Three-Compartment Sink SOP

Department: Back of House / Dish / Bar

Station / Process: Manual Washing, Rinsing, and Sanitizing

Purpose:

To make sure items washed manually are cleaned and sanitized correctly using the three-compartment sink process.

Why It Matters:

The three-compartment sink is important when washing items that cannot go through the dish machine or when the machine is not available. If the sink is used incorrectly, items may look clean but may not be properly sanitized. Correct use protects food safety, cleanliness, and health inspection readiness.

Who Performs This Task:

Dishwasher, cook, prep cook, bartender, kitchen lead, or trained employee assigned to manual washing.

When It Is Performed:

When washing pots, pans, utensils, bar tools, prep tools, equipment parts, or other items that require manual washing.

Tools / Equipment / Supplies Needed:

Three-compartment sink

Approved detergent

Approved sanitizer

Test strips if required

Scrub pads or brushes

Drying rack

Gloves if required

Thermometer if required

Drain plugs

Safety or Sanitation Notes:

Follow restaurant and health department requirements.

Use chemicals according to label.

Do not mix chemicals.

Keep water and sanitizer at required levels and conditions.

Air dry items according to policy.

Do not towel-dry unless approved.

Keep dirty and clean items separated.

Step-by-Step Procedure:

1. Clean and set up the sink before use.
2. Fill first compartment for washing according to procedure.
3. Fill second compartment for rinsing according to procedure.
4. Fill third compartment for sanitizing according to procedure.
5. Test sanitizer strength if required.
6. Scrape food from items before washing.
7. Wash items in first compartment.
8. Rinse items in second compartment.
9. Sanitize items in third compartment for required contact time.
10. Place items on clean drying rack.
11. Allow items to air dry according to policy.
12. Store items only after they are clean and dry.
13. Change water or sanitizer when dirty, too weak, too strong, or no longer acceptable.

Quality Standard:

Items are washed, rinsed, sanitized, air dried, and stored properly using the approved three-compartment sink process.

Common Mistakes to Avoid:

Skipping rinse step.

Skipping sanitizer step.

Not testing sanitizer when required.

Using dirty water.

Mixing wash, rinse, and sanitizer steps.

Towel-drying when not allowed.

Stacking wet items.

Putting clean items on dirty surfaces.

Using sink for handwashing or food prep when not approved.

Manager Verification:

Manager or trainer should verify that:

- ☐ Employee sets up sink correctly.
- ☐ Employee knows wash, rinse, sanitize order.
- ☐ Employee tests sanitizer if required.
- ☐ Employee follows contact time if required.
- ☐ Employee air dries items correctly.
- ☐ Employee changes water and sanitizer when needed.
- ☐ Employee separates dirty and clean items.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

Three-Compartment Sink Checklist

Date: _____

Employee Name: _____

Manager / Trainer Name: _____

Sink Setup Review

- ☐ Sink cleaned before setup.
- ☐ First compartment set for wash.

- ☐ Second compartment set for rinse.
- ☐ Third compartment set for sanitize.
- ☐ Detergent used correctly.
- ☐ Sanitizer used correctly.
- ☐ Sanitizer tested if required.
- ☐ Items scraped before washing.
- ☐ Items washed.
- ☐ Items rinsed.
- ☐ Items sanitized.
- ☐ Required contact time followed if applicable.
- ☐ Items placed on clean drying rack.
- ☐ Items air dried according to policy.
- ☐ Water / sanitizer changed when needed.
- ☐ Clean and dirty items separated.

Notes:

Employee Initials: _____

Manager Initials: _____

Manual Warewashing Log

Date: _____

Employee Name: _____

Manager Name: _____

Item Type Washed:

- ☐ Pots / pans
- ☐ Bar tools
- ☐ Prep tools
- ☐ Equipment parts
- ☐ Utensils
- ☐ Other: _____

Sink Setup Completed?

- ☐ Yes
- ☐ No

Sanitizer Test Required?

- ☐ Yes
- ☐ No

Test Result if Applicable: _____

Issue Found?

- ☐ Yes
- ☐ No

If yes, explain:

Corrective Action:

Manager Initials: _____

47. Chemical Safety SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Chemical Safety SOP

Department: All Departments

Station / Process: Chemical Use and Storage

Purpose:

To make sure cleaning chemicals are used, stored, labeled, and handled safely.

Why It Matters:

Cleaning chemicals are necessary in restaurants, but incorrect use can injure employees, contaminate food, damage surfaces, create unsafe fumes, or lead to inspection problems. Chemical safety protects employees, guests, food, and the restaurant.

Who Performs This Task:

All employees who use, handle, store, move, or work near cleaning chemicals.

When It Is Performed:

Any time chemicals are used, mixed by approved system, sprayed, stored, replaced, moved, or cleaned up after a spill.

Tools / Equipment / Supplies Needed:

Approved chemicals

Labeled spray bottles

Chemical storage area

Safety data sheets if required

Gloves or protective equipment if required

Chemical dispenser if used

Manager support

Spill cleanup materials if needed

Safety or Sanitation Notes:

Use only approved chemicals.

Do not mix chemicals.

Keep chemicals away from food, ice, drinks, clean dishes, and food-contact surfaces.

Use labels on chemical containers.

Follow product directions and restaurant policy.

Report spills, leaks, damaged bottles, or unlabeled chemicals immediately.

Step-by-Step Procedure:

- 1. Use only restaurant-approved chemicals.**
- 2. Read or follow the label and restaurant instructions.**
- 3. Use the correct chemical for the correct task.**
- 4. Use required protective equipment if needed.**
- 5. Do not mix chemicals.**
- 6. Keep chemicals away from food and clean items.**
- 7. Make sure spray bottles are labeled.**
- 8. Store chemicals in approved chemical storage area.**
- 9. Never store chemicals above food, dishes, utensils, or single-use items.**
10. Report unlabeled bottles, chemical leaks, strong fumes, or chemical spills to manager.
- 11. Clean chemical spills according to restaurant procedure.**
- 12. Wash hands after handling chemicals.**

Quality Standard:

Chemicals are approved, labeled, used correctly, stored safely, and kept away from food and clean items.

Common Mistakes to Avoid:

Using unlabeled spray bottles.

Mixing chemicals.**Using the wrong chemical on food-contact surfaces.****Storing chemicals near food.****Leaving chemicals where guests can access them.****Spraying chemicals near open food.****Ignoring leaks or fumes.****Using chemicals without training.****Not washing hands after chemical use.****Manager Verification:****Manager or trainer should verify that:**

- ☐ Employee uses approved chemicals.
- ☐ Employee understands labels.
- ☐ Employee does not mix chemicals.
- ☐ Employee stores chemicals correctly.
- ☐ Employee keeps chemicals away from food.
- ☐ Employee reports unlabeled bottles or spills.
- ☐ Employee follows protective equipment requirements.

Training Sign-Off:**Employee Name:** _____**Trainer Name:** _____**Manager Name:** _____**Employee Signature:** _____**Trainer Signature:** _____**Manager Signature:** _____**Date Trained:** _____**SOP Review Date:** _____**Chemical Safety Checklist****Date:** _____**Employee Name:** _____**Manager / Trainer Name:** _____**Chemical Safety Review**

- ☐ Approved chemical used.
- ☐ Correct chemical used for task.
- ☐ Label checked.
- ☐ Bottle labeled.
- ☐ Chemical not mixed with other chemicals.
- ☐ Chemical kept away from food.
- ☐ Chemical kept away from clean dishes / utensils.
- ☐ Protective equipment used if required.
- ☐ Chemical stored correctly.
- ☐ Spill / leak concerns reported.
- ☐ Hands washed after chemical use.

Performance Review:

- ☐ Not ready
- ☐ Needs more practice
- ☐ Acceptable
- ☐ Strong
- ☐ Ready for sign-off

Notes:

Manager Signature: _____**Chemical Issue Report Form****Date:** _____**Time:** _____**Employee Reporting:** _____**Manager Name:** _____**Issue Type:**

- ☐ Unlabeled bottle

- ☐ Chemical spill
 - ☐ Chemical leak
 - ☐ Strong fumes
 - ☐ Wrong chemical used
 - ☐ Chemical stored incorrectly
 - ☐ Chemical near food
 - ☐ Employee exposure
 - ☐ Guest exposure concern
 - ☐ Other: _____
- Location: _____

What Happened?

Immediate Action Taken:

- ☐ Area secured
- ☐ Manager notified
- ☐ Spill cleaned
- ☐ Bottle removed
- ☐ Chemical relabeled
- ☐ Employee washed area
- ☐ Emergency help contacted if required
- ☐ Other: _____

Follow-Up Needed:

- ☐ Yes
- ☐ No

Follow-Up Action:

Manager Signature: _____

48. Food Temperature Check SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Food Temperature Check SOP

Department: Back of House / Management

Station / Process: Food Temperature Monitoring

Purpose:

To make sure food temperatures are checked, recorded, corrected, and verified according to restaurant policy.

Why It Matters:

Temperature control protects food safety. Food held, cooked, cooled, reheated, or stored at unsafe temperatures can create serious risk. Clear temperature checks help managers catch problems before they become unsafe or costly.

Who Performs This Task:

Cook, prep cook, kitchen lead, manager, or certified food safety employee if required.

When It Is Performed:

During opening checks, cooking, hot holding, cold holding, cooling, reheating, receiving, and manager walkthroughs.

Tools / Equipment / Supplies Needed:

Food thermometer

Temperature log

Sanitizer or alcohol wipes for thermometer

Pen

Corrective action form if used

Safety or Sanitation Notes:

Use a clean and sanitized thermometer.

Check temperatures according to restaurant and health department standards.

Do not use food if temperature safety is uncertain without manager review.

Record corrective action when required.

Step-by-Step Procedure:

1. Clean and sanitize thermometer.
2. Check the correct food item or storage area.
3. Insert thermometer properly according to training.
4. Wait for accurate reading.
5. Record temperature if required.
6. Compare reading to restaurant standard.
7. Take corrective action if temperature is outside standard.
8. Notify manager of unsafe or questionable temperatures.
9. Recheck after correction if required.
10. Clean and store thermometer properly.

Quality Standard:

Temperatures are checked accurately, recorded when required, corrected when needed, and verified by management.

Common Mistakes to Avoid:

Using an unclean thermometer.

Guessing by touch.

Failing to record temperatures.

Ignoring unsafe readings.

Not notifying manager.

Not rechecking after correction.

Using the wrong thermometer method.

Leaving thermometer dirty.

Manager Verification:

- ☐ Thermometer cleaned.
- ☐ Temperature checked correctly.
- ☐ Reading recorded.
- ☐ Standard compared.
- ☐ Corrective action taken if needed.
- ☐ Manager notified.
- ☐ Recheck completed if required.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Date Trained: _____

SOP Review Date: _____

Food Temperature Log

Date: _____

Employee Name: _____

Manager Name: _____

Item / Area Checked: _____

Time Checked: _____

Temperature Reading: _____

Standard Met?

☐ Yes

☐ No

Corrective Action Needed?

☐ Yes

☐ No

Corrective Action Taken:

Recheck Temperature if Required: _____

Manager Initials: _____

Part 8 Review: Model SOP Application Checkpoint

Date: _____

Manager Name: _____

Restaurant / Location: _____

Use this checkpoint to confirm that the model SOPs were studied, customized, trained, and verified - not merely read.

1. Has the Handwashing SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

2. Has the Sanitizer Bucket SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

3. Has the Three-Compartment Sink SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

4. Has the Chemical Safety SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

5. Has the Food Temperature Check SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

6. Which additional procedure from this department must the restaurant build next?

7. What training, checklist, poster, or verification gap still needs correction?

Person Responsible: _____ Deadline: _____

Manager Signature: _____ Follow-Up Date: _____

49. Restaurant Opening Manager SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Restaurant Opening Manager SOP

Department: Management

Station / Process: Restaurant Opening

Purpose:

To make sure the restaurant is ready for employees, guests, service, food safety, and daily operations before opening.

Why It Matters:

The opening manager sets the tone for the entire day. If the building, equipment, staffing, food safety checks, stations, cash, and guest areas are not ready, the shift starts behind. A strong manager opening prevents confusion and gives the team a clear start.

Who Performs This Task:

Opening manager, general manager, assistant manager, shift lead, or approved opening supervisor.

When It Is Performed:

Before employees begin full service duties and before guests arrive.

Tools / Equipment / Supplies Needed:

Opening Checklist

Keys / access codes

Alarm system

POS system

Daily schedule

Station checklists

Temperature logs

Cash drawer / bank if applicable

Manager log

Cleaning Checklist

Reservation / event notes if applicable

Safety or Sanitation Notes:

Check building safety before allowing normal operations.

Report equipment, power, water, refrigeration, security, or food safety problems immediately.

Do not open to guests if a serious safety or sanitation issue is unresolved.

Step-by-Step Procedure:

1. Enter the building according to security procedure.
2. Turn off alarm according to policy.
3. Check building for unusual conditions, damage, leaks, odors, or safety concerns.
4. Turn on lights and required equipment.
5. Check refrigeration, hot holding, and major equipment readiness.
6. Review the schedule and staffing plan.
7. Review reservations, events, large parties, or special notes.
8. Confirm opening employees are present or communicate staffing gaps.
9. Check FOH readiness.
10. Check BOH readiness.
11. Check bar readiness if applicable.
12. Check restrooms and guest areas.
13. Complete food safety or temperature checks according to policy.
14. Confirm POS and payment systems are ready.
15. Prepare cash drawers or banks if required.
16. Communicate shift priorities to the team.
17. Approve opening only when major areas are ready.

Quality Standard:

The restaurant is safe, staffed, clean, stocked, food-safe, and ready before opening to guests.

Common Mistakes to Avoid:

Opening without checking equipment.

Ignoring staffing gaps.

Skipping food safety checks.

Failing to check restrooms.

Not reviewing reservations or large parties.

Opening before stations are ready.

Not documenting problems.

Waiting until guests arrive to correct obvious issues.

Manager Verification:

- ☐ Building checked.
- ☐ Alarm / access handled correctly.
- ☐ Equipment checked.
- ☐ Schedule reviewed.
- ☐ FOH checked.
- ☐ BOH checked.
- ☐ Bar checked if applicable.
- ☐ Restrooms checked.
- ☐ Food safety checks completed.
- ☐ POS / payment system ready.
- ☐ Cash prepared if applicable.
- ☐ Team priorities communicated.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Date Trained: _____

SOP Review Date: _____

Restaurant Opening Manager Checklist

Date: _____

Opening Manager: _____

Shift: _____

- ☐ Building entered safely.
- ☐ Alarm handled correctly.
- ☐ Building walkthrough completed.
- ☐ Lights on.
- ☐ Equipment checked.
- ☐ Refrigeration checked.
- ☐ Schedule reviewed.
- ☐ Staffing gaps identified.
- ☐ Reservations / events reviewed.
- ☐ FOH readiness checked.
- ☐ BOH readiness checked.
- ☐ Bar readiness checked if applicable.
- ☐ Restrooms checked.
- ☐ Dining room checked.
- ☐ Food safety checks completed.
- ☐ Temperature logs completed if required.
- ☐ POS ready.
- ☐ Payment system ready.
- ☐ Cash drawers / banks prepared if applicable.
- ☐ Shift priorities communicated.
- ☐ Opening approved.

Issues Found:

Corrective Action:

Manager Signature: _____

50. Restaurant Closing Manager SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Restaurant Closing Manager SOP

Department: Management

Station / Process: Restaurant Closing

Purpose:

To make sure the restaurant is clean, secure, food-safe, financially controlled, and ready for the next business day.

Why It Matters:

The closing manager protects the restaurant after service ends. Poor closing can create food safety issues, equipment problems, cash concerns, security risk, employee frustration, and weak opening performance the next day.

Who Performs This Task:

Closing manager, general manager, assistant manager, shift lead, or approved closing supervisor.

When It Is Performed:

At the end of service, after employees complete assigned closing duties, and before the building is secured.

Tools / Equipment / Supplies Needed:

Closing Checklist

Station closing checklists

Manager log

Cash reports if applicable

POS reports

Keys / alarm code

Equipment shutdown list

Food Storage Checklist

Cleaning Checklist

Safety or Sanitation Notes:

Do not leave food unsecured or unsafe.

Do not leave equipment unsafe.

Do not allow employees to leave before assigned areas are inspected.

Check doors, alarms, and building security before leaving.

Report major safety, security, equipment, or cash issues according to policy.

Step-by-Step Procedure:

1. Confirm final guests have left or service has ended according to policy.
2. Confirm all employee closing assignments are complete.
3. Inspect FOH closing.
4. Inspect BOH closing.
5. Inspect bar closing if applicable.
6. Inspect dish pit closing.
7. Check restrooms and guest areas.
8. Confirm food is stored, labeled, dated, and secured.
9. Confirm equipment is off, cleaned, or set correctly according to procedure.
10. Review trash removal and back area.
11. Complete cash, checkout, POS, or drawer review if required.
12. Complete manager log or end-of-shift notes.
13. Check doors, windows, office, safe, and restricted areas.
14. Turn off lights or set systems according to policy.
15. Set alarm and lock building according to security procedure.

Quality Standard:

The restaurant is clean, secure, food-safe, financially reviewed, and ready for the next shift before the manager leaves.

Common Mistakes to Avoid:

Approving close without inspection.

Letting employees leave before work is checked.

Leaving food unlabeled.

Skipping trash or floors.

Not checking doors.

Leaving equipment unsafe.

Ignoring cash or POS issues.

Failing to document problems.

Rushing lock-up.

Manager Verification:

- ☐ FOH inspected.
- ☐ BOH inspected.
- ☐ Bar inspected if applicable.
- ☐ Dish pit inspected.
- ☐ Restrooms checked.
- ☐ Food storage checked.
- ☐ Equipment checked.
- ☐ Trash / back area checked.
- ☐ Cash / POS reviewed if required.
- ☐ Manager log completed.
- ☐ Doors secured.
- ☐ Alarm set.
- ☐ Building locked.

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Date Trained: _____

SOP Review Date: _____

Restaurant Closing Manager Checklist

Date: _____

Closing Manager: _____

Shift: _____

- ☐ Final guests completed.
- ☐ FOH closing inspected.
- ☐ BOH closing inspected.
- ☐ Bar closing inspected if applicable.
- ☐ Dish pit inspected.
- ☐ Restrooms checked.
- ☐ Dining room reset.
- ☐ Food storage checked.
- ☐ Labels / dates checked.
- ☐ Equipment shut down or set correctly.
- ☐ Trash removed.
- ☐ Back area checked.
- ☐ Employee checkouts completed.
- ☐ Cash / POS reports completed if required.
- ☐ Manager log completed.
- ☐ Doors checked.
- ☐ Office / safe secured.
- ☐ Lights adjusted.
- ☐ Alarm set.
- ☐ Building locked.

Issues Found:

Follow-Up Needed:

Manager Signature: _____

Part 9 Review: Model SOP Application Checkpoint

Date: _____

Manager Name: _____

Restaurant / Location: _____

Use this checkpoint to confirm that the model SOPs were studied, customized, trained, and verified - not merely read.

1. Has the Restaurant Opening Manager SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

2. Has the Restaurant Closing Manager SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

3. Which additional procedure from this department must the restaurant build next?

4. What training, checklist, poster, or verification gap still needs correction?

Person Responsible: _____ Deadline: _____

Manager Signature: _____ Follow-Up Date: _____

51. Manager Pre-Shift Walkthrough SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Manager Pre-Shift Walkthrough SOP

Department: Management

Station / Process: Pre-Shift Readiness Check

Purpose:

To verify that the restaurant is ready before the shift begins.

Why It Matters:

A manager walkthrough catches problems before guests feel them. Missing supplies, dirty stations, low product, restroom issues, labor gaps, equipment problems, and food safety concerns should be found before the rush, not during it.

Who Performs This Task:

Manager on duty, shift lead, general manager, assistant manager, or approved supervisor.

When It Is Performed:

Before opening, before lunch rush, before dinner rush, before events, or before shift handoff.

Tools / Equipment / Supplies Needed:

Pre-shift Walkthrough Checklist

Schedule

Station checklists

Temperature logs if required

Manager notes

POS or reservation information if applicable

Safety or Sanitation Notes:

Food safety, sanitation, equipment, guest safety, and building concerns must be corrected or escalated before service begins.

Step-by-Step Procedure:

1. Review the schedule and staffing coverage.

2. Walk the dining room, host stand, server stations, restrooms, bar, kitchen, prep area, dish area, storage areas, and back area.

3. Check cleanliness and safety.

4. Check station readiness.

5. Check food safety logs if required.

6. Review reservations, events, large parties, or special notes.

7. Identify missing supplies, low product, or equipment problems.

8. Assign corrections before service begins.

9. Communicate shift priorities to the team.

10. Follow up before the rush starts.

Quality Standard:

The manager knows what is ready, what is not ready, who is responsible, and what must be corrected before service.

Common Mistakes to Avoid:

Doing the walkthrough too late.

Only checking FOH.

Skiping restrooms.

Ignoring dish pit readiness.

Not checking product levels.

Failing to assign corrections.

Not following up before service begins.

Manager Verification:

☐ Staffing reviewed.

☐ Guest areas checked.

- ☐ Restrooms checked.
- ☐ FOH stations checked.
- ☐ Bar checked if applicable.
- ☐ BOH checked.
- ☐ Dish area checked.
- ☐ Food safety checks reviewed.
- ☐ Problems assigned.
- ☐ Shift priorities communicated.

Pre-Shift Walkthrough Checklist

Date: _____

Manager Name: _____

Shift: _____

- ☐ Schedule reviewed.
- ☐ Staffing gaps identified.
- ☐ Reservations / events reviewed.
- ☐ Host stand checked.
- ☐ Dining room checked.
- ☐ Server stations checked.
- ☐ Restrooms checked.
- ☐ Bar checked if applicable.
- ☐ Cook line checked.
- ☐ Prep checked.
- ☐ Dish pit checked.
- ☐ Walk-in cooler checked.
- ☐ Dry storage checked.
- ☐ Trash / back area checked.
- ☐ Food safety logs reviewed if required.
- ☐ Equipment concerns checked.
- ☐ Corrections assigned.
- ☐ Team priorities communicated.

Biggest risk before service:

Correction assigned to: _____

Manager Signature: _____

52. Manager Shift Handoff SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Manager Shift Handoff SOP

Department: Management

Station / Process: Shift Handoff

Purpose:

To make sure important shift information is communicated clearly from one manager to another.

Why It Matters:

Poor manager handoff creates confusion. Staffing issues, guest complaints, product shortages, equipment problems, cash concerns, incomplete tasks, and employee issues can be missed if they are not communicated clearly.

Who Performs This Task:

Outgoing manager and incoming manager.

When It Is Performed:

During manager shift change, before the outgoing manager leaves, or whenever management responsibility transfers.

Tools / Equipment / Supplies Needed:

Manager log

Shift Handoff Form

Schedule

POS notes if applicable

Reservation / event notes

Incident forms if applicable

Safety or Sanitation Notes:

Food safety, equipment, refrigeration, guest safety, employee injury, or security concerns must be clearly communicated before handoff is complete.

Step-by-Step Procedure:

1. Outgoing manager reviews current shift status.
2. Communicate staffing concerns.
3. Communicate guest issues or complaints.
4. Communicate employee issues or coaching needs.
5. Communicate product shortages or 86'd items.
6. Communicate equipment, maintenance, safety, or food safety concerns.
7. Communicate cash, POS, or payment concerns if applicable.
8. Review incomplete tasks.
9. Incoming manager asks questions.
10. Both managers confirm responsibility has transferred.

Quality Standard:

The incoming manager understands the current condition of the restaurant and what needs attention.

Common Mistakes to Avoid:

Leaving without handoff.

Only texting partial information.

Not mentioning guest complaints.

Forgetting product shortages.

Failing to explain employee issues.

Not documenting serious concerns.

Leaving incomplete tasks unclear.

Manager Shift Handoff Form

Date: _____

Outgoing Manager: _____

Incoming Manager: _____

Time of Handoff: _____

Staffing Notes:

Guest Issues / Complaints:

Employee Issues / Coaching Needed:

Product Shortages / 86'd Items:

Equipment / Maintenance Issues:

Food Safety / Safety Concerns:

Cash / POS / Payment Concerns:

Incomplete Tasks:

Priority for Incoming Manager:

Outgoing Manager Signature: _____

Incoming Manager Signature: _____

53. Manager Void / Comp Approval SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Manager Void / Comp Approval SOP

Department: Management / Cash Control

Station / Process: Voids, Comps, Discounts, and Adjustments

Purpose:

To make sure voids, comps, discounts, and adjustments are reviewed and approved properly.

Why It Matters:

Voids and comps affect revenue, food cost, employee accountability, cash control, and guest recovery. Without manager review, mistakes or misuse can go unnoticed.

Who Performs This Task:

Manager on duty or approved supervisor.

When It Is Performed:

Any time a void, comp, discount, refund, or payment adjustment requires approval.

Tools / Equipment / Supplies Needed:

POS system

Manager code / approval access

Void / comp policy

Guest complaint form if applicable

Shift Report

Safety or Sanitation Notes:

Follow company policy for financial adjustments.

Never share manager codes.

Document unusual or repeated adjustments.

Step-by-Step Procedure:

- 1. Review reason for void, comp, discount, or adjustment.**
- 2. Speak with employee if needed.**
- 3. Confirm whether food or drink was made or served.**
- 4. Confirm whether guest recovery is involved.**
- 5. Approve or deny according to policy.**
- 6. Enter manager approval in POS.**
- 7. Document if required.**
- 8. Watch for repeated patterns by employee, item, or station.**

Quality Standard:

All adjustments are legitimate, approved, documented when required, and reviewed for patterns.

Common Mistakes to Avoid:

Approving without asking why.

Sharing manager code.

Ignoring repeated voids.

Failing to document guest recovery.

Using comps to hide mistakes.

Not reviewing shift adjustment totals.

Void / Comp Approval Form

Date: _____

Time: _____

Manager Name: _____

Employee Name: _____

Check / Table Number: _____

Adjustment Type: _____

- ☐ Void
- ☐ Comp
- ☐ Discount
- ☐ Refund
- ☐ Price adjustment
- ☐ Other: _____

Reason:

- ☐ Guest complaint
- ☐ Wrong item entered
- ☐ Item unavailable
- ☐ Food quality issue
- ☐ Service issue
- ☐ Employee mistake
- ☐ Manager decision
- ☐ Other: _____

Was item made?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Was guest recovery involved?

- ☐ Yes
- ☐ No

Amount: _____

Approved?

- ☐ Yes
- ☐ No

Notes:

Manager Signature: _____

54. Manager Employee Coaching SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Manager Employee Coaching SOP

Department: Management / Training

Station / Process: Employee Coaching

Purpose:

To correct employee performance issues professionally, clearly, and with follow-up.

Why It Matters:

Employees need clear feedback to improve. Poor coaching can feel personal, inconsistent, or unfair. Strong coaching explains the standard, what happened, why it matters, what must change, and when follow-up will happen.

Who Performs This Task:

Manager, trainer, general manager, assistant manager, shift lead, or approved supervisor.

When It Is Performed:

After a performance issue, repeated mistake, service concern, policy concern, attitude issue, or SOP failure.

Tools / Equipment / Supplies Needed:

Employee Coaching Form

Relevant SOP

Training notes

Manager documentation

Follow-up date

Safety or Sanitation Notes:

Document food safety, harassment, injury, alcohol, cash, or serious policy concerns according to company policy immediately.

Step-by-Step Procedure:

1. Identify the issue clearly.
2. Speak privately when possible.
3. Explain what happened.
4. Connect the issue to the SOP or standard.
5. Explain why it matters.
6. Ask for employee understanding.
7. State the correction needed.
8. Assign retraining if needed.
9. Set follow-up date.
10. Document the coaching when required.

Quality Standard:

Coaching is specific, professional, documented when needed, and followed up.

Common Mistakes to Avoid:

Coaching in anger.

Embarrassing employee publicly.

Being vague.

Not connecting to a standard.

Not setting follow-up.

Ignoring repeated issues.

Failing to document serious concerns.

Employee Coaching Form

Date: _____

Manager Name: _____

Employee Name: _____

Department / Position: _____

Issue Type:

- ☐ SOP not followed
- ☐ Service issue
- ☐ Food quality issue
- ☐ Cleaning issue
- ☐ Attendance / timing
- ☐ Guest complaint
- ☐ Team communication
- ☐ Safety / sanitation
- ☐ Other: _____

What Happened?

Correct Standard:

Why It Matters:

Correction Needed:

Retraining Required?

- ☐ Yes
- ☐ No

Follow-Up Date: _____

Employee Signature: _____

Manager Signature: _____

Part 10 Review: Model SOP Application Checkpoint

Date: _____

Manager Name: _____

Restaurant / Location: _____

Use this checkpoint to confirm that the model SOPs were studied, customized, trained, and verified - not merely read.

1. Has the Manager Pre-Shift Walkthrough SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

2. Has the Manager Shift Handoff SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

3. Has the Manager Void / Comp Approval SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

4. Has the Manager Employee Coaching SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

5. Which additional procedure from this department must the restaurant build next?

6. What training, checklist, poster, or verification gap still needs correction?

Person Responsible: _____ Deadline: _____

Manager Signature: _____ Follow-Up Date: _____

55. Power Outage SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Power Outage SOP

Department: Management / All Departments

Station / Process: Power Outage Response

Purpose:

To provide a clear response when the restaurant loses power.

Why It Matters:

A power outage can affect lighting, refrigeration, cooking equipment, POS systems, payment processing, HVAC, guest safety, communication, food safety, and security. Employees need to know what to do immediately so the restaurant can protect people, product, and the business.

Who Performs This Task:

Manager on duty leads the response. All employees follow manager direction.

When It Is Performed:

Any time the restaurant loses full or partial power.

Tools / Equipment / Supplies Needed:

Flashlights

Emergency lights if available

Phone

Emergency contact list

Temperature logs

Manager Incident Form

Backup POS / payment procedure if applicable

Food safety policy

Safety or Sanitation Notes:

Guest and employee safety comes first.

Do not allow employees to use unsafe equipment.

Do not open coolers or freezers unnecessarily.

Follow food safety policy for temperature control.

Call emergency services if there is immediate danger.

Step-by-Step Procedure:

1. Stay calm and notify the manager immediately.
2. Manager checks guest and employee safety.
3. Check whether outage is full building, partial building, or area-specific.
4. Stop using unsafe equipment.
5. Check emergency lighting or safe movement areas.
6. Keep cooler and freezer doors closed as much as possible.
7. Pause food preparation if safe execution is affected.
8. Determine whether guests can remain safely in the building.
9. Contact ownership, utility provider, or emergency contact according to policy.
10. Follow cash, POS, and payment backup procedure if applicable.
11. Monitor refrigeration and food temperatures according to policy.
12. Document outage time, actions taken, and follow-up needed.

Quality Standard:

Guests and employees are safe, food safety is protected, equipment is not used unsafely, and management documents the outage.

Common Mistakes to Avoid:

Panicking or giving unclear directions.

Opening walk-in doors repeatedly.

Continuing service when safety or food safety cannot be protected.

Using unsafe equipment.

Failing to communicate with ownership.

Failing to document time and temperature concerns.

Letting guests move through dark or unsafe areas.

Manager Verification:

- ☐ Guest safety checked.
- ☐ Employee safety checked.
- ☐ Outage type identified.
- ☐ Unsafe equipment stopped.
- ☐ Refrigeration protected.
- ☐ Food temperatures monitored if required.
- ☐ Ownership / utility contacted if required.
- ☐ Service decision made.
- ☐ Incident documented.

Power Outage Response Checklist

Date: _____

Time Power Went Out: _____

Manager Name: _____

- ☐ Guests checked.
- ☐ Employees checked.
- ☐ Emergency lighting checked.
- ☐ Outage type identified.
- ☐ Unsafe equipment stopped.
- ☐ Cooler / freezer doors kept closed.
- ☐ Food prep paused if needed.
- ☐ POS / payment impact reviewed.
- ☐ Ownership contacted if required.
- ☐ Utility / service provider contacted if required.
- ☐ Temperatures monitored if required.
- ☐ Service decision made.
- ☐ Incident documented.

Decision:

- ☐ Continue limited service
- ☐ Pause service
- ☐ Close restaurant
- ☐ Wait for ownership direction
- ☐ Other: _____

Notes:

Manager Signature: _____

56. Fire SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Fire SOP

Department: Management / All Departments

Station / Process: Fire Response

Purpose:

To provide a clear response if there is a fire, smoke, fire alarm, or suspected fire condition.

Why It Matters:

Fire can threaten life, property, equipment, and the restaurant very quickly. Employees must know to prioritize people, call emergency services, evacuate when needed, and never take unsafe risks.

Who Performs This Task:

Manager on duty leads the response when safe. All employees follow emergency direction.

When It Is Performed:

Any time there is fire, smoke, a fire alarm, burning smell, or suspected fire risk.

Tools / Equipment / Supplies Needed:

Fire alarm system

Emergency exits

Emergency contact list

Phone

Fire extinguisher only if trained and safe to use

Evacuation meeting point

Incident Form

Safety or Sanitation Notes:

People come first.

Call emergency services according to policy.

Do not fight a fire unless trained, authorized, and it is safe.

Evacuate if there is danger.

Do not re-enter the building until cleared by emergency personnel or approved authority.

Step-by-Step Procedure:

- 1. Identify fire, smoke, alarm, or burning smell.**
- 2. Notify manager immediately.**
- 3. Call emergency services if required.**
- 4. Activate fire alarm if required and safe to do so.**
- 5. Stop service.**
- 6. Direct guests and employees to exits.**
- 7. Evacuate to designated meeting area if needed.**
- 8. Do not allow employees to collect personal items if unsafe.**
- 9. Account for employees as much as possible.**
- 10. Wait for emergency personnel or approved authority.**
- 11. Do not re-enter until cleared.**
- 12. Document incident after the situation is safe.**

Quality Standard:

Guests and employees are protected first, emergency services are contacted when required, and no one re-enters the building before clearance.

Common Mistakes to Avoid:

Trying to save product or equipment first.

Ignoring smoke or burning smells.

Delaying evacuation.

Using extinguisher without training.

Blocking exits.

Letting people re-enter too soon.

Failing to document the incident.

Manager Verification:

- ☐ Fire / smoke / alarm identified.
- ☐ Emergency services contacted if required.
- ☐ Guests directed safely.
- ☐ Employees directed safely.
- ☐ Evacuation completed if needed.
- ☐ Meeting point used.
- ☐ Re-entry prevented until cleared.
- ☐ Ownership notified.
- ☐ Incident documented.

Fire Response Checklist

Date: _____

Time: _____

Manager Name: _____

Incident Type:

- ☐ Fire
- ☐ Smoke
- ☐ Fire alarm
- ☐ Burning smell
- ☐ Equipment fire concern
- ☐ Other: _____
- ☐ Manager notified.
- ☐ Emergency services contacted if required.
- ☐ Alarm activated if required.
- ☐ Service stopped.
- ☐ Guests directed.
- ☐ Employees directed.
- ☐ Evacuation completed if needed.
- ☐ Employee count attempted.
- ☐ Re-entry prevented until cleared.
- ☐ Ownership notified.
- ☐ Incident documented.

Notes:

Manager Signature: _____

57. Refrigeration Failure SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Refrigeration Failure SOP

Department: Back of House / Management

Station / Process: Cooler, Freezer, or Refrigeration Failure

Purpose:

To respond quickly when refrigeration equipment fails or product temperatures become unsafe.

Why It Matters:

Refrigeration failure can create serious food safety risk and expensive product loss. Quick response protects guests, inventory, food cost, and inspection readiness.

Who Performs This Task:

Manager on duty, kitchen lead, prep cook, cook, or assigned employee.

When It Is Performed:

Any time a cooler, freezer, walk-in, reach-in, prep table, bar cooler, or refrigeration unit is not holding proper temperature or appears to fail.

Tools / Equipment / Supplies Needed:

Thermometer

Temperature log

Maintenance contact

Emergency contact list

Product relocation plan

Labels if needed

Incident Form

Safety or Sanitation Notes:

Do not guess on food safety.

Check product temperatures according to policy.

Keep doors closed.

Relocate product only to approved safe storage.

Discard unsafe product according to policy and manager direction.

Step-by-Step Procedure:

1. Notify manager immediately.
2. Check equipment temperature if safe.
3. Check product temperature according to policy.
4. Keep door closed as much as possible.
5. Stop adding warm product to affected unit.
6. Move product to approved safe refrigeration if needed and allowed.
7. Contact maintenance or ownership according to policy.
8. Mark affected product for review if required.
9. Record temperatures and time.
10. Discard unsafe product according to policy.
11. Do not return unit to use until repaired or approved.
12. Document incident and product loss if applicable.

Quality Standard:

Refrigeration concerns are acted on immediately, product safety is verified, unsafe product is removed, and repair/follow-up is documented.

Common Mistakes to Avoid:

Ignoring high temperature.
 Leaving door open.
 Guessing product is safe.
 Moving product without checking.
 Using affected unit before repair.
 Not recording time and temperature.
 Not notifying ownership or maintenance.
 Keeping unsafe product.

Manager Verification:

- ☐ Manager notified.
- ☐ Equipment temperature checked.
- ☐ Product temperature checked.
- ☐ Door kept closed.
- ☐ Product moved if needed.
- ☐ Maintenance contacted.
- ☐ Unsafe product discarded.
- ☐ Loss documented.
- ☐ Unit approved before reuse.

Refrigeration Failure Checklist

Date: _____

Time Found: _____

Manager Name: _____

Unit Affected: _____

Equipment Temperature: _____

Product Temperature if Checked: _____

- ☐ Manager notified.
- ☐ Unit checked.
- ☐ Product checked.
- ☐ Door kept closed.
- ☐ Product relocated if needed.
- ☐ Maintenance / ownership contacted.
- ☐ Product held for review if needed.
- ☐ Unsafe product discarded.
- ☐ Waste / loss recorded.
- ☐ Unit marked out of service if needed.
- ☐ Follow-up assigned.

Notes:

Manager Signature: _____

58. Choking Emergency SOP

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: Choking Emergency SOP

Department: Management / All Departments

Station / Process: Choking Response

Purpose:

To provide a clear response when a guest or employee appears to be choking.

Why It Matters:

Choking can become life-threatening quickly. Employees should know to alert management, call emergency help when needed, and follow training without hesitation.

Who Performs This Task:

Trained employees may assist according to their training and company policy. Manager leads communication and emergency response.

When It Is Performed:

Any time a guest or employee appears to be choking, unable to breathe, unable to speak, or in visible airway distress.

Tools / Equipment / Supplies Needed:

Phone

Emergency contact process

First aid / choking response training if available

Incident Form

Safety or Sanitation Notes:

Call emergency services immediately if the person cannot breathe, speak, or cough effectively.

Only provide physical aid if trained and permitted by policy.

Keep area clear.

Do not delay emergency help.

Step-by-Step Procedure:

1. Recognize possible choking.
2. Notify manager immediately.
3. Ask if the person is choking if appropriate.
4. Call emergency services if the person cannot breathe, speak, or cough effectively.
5. Trained employee assists according to training and policy.
6. Keep other guests and employees clear.
7. Stay with the person until help arrives or the situation resolves.
8. Document the incident after the emergency.
9. Notify ownership or required leader.

Quality Standard:

Emergency help is contacted quickly, trained response is used if available, the area is controlled, and the incident is documented.

Common Mistakes to Avoid:

Waiting too long to call emergency services.

Crowding the person.

Attempting aid without training.

Ignoring signs of distress.

Assuming the person is fine too quickly.

Failing to document afterward.

Choking Emergency Form

Date: _____

Time: _____

Manager Name: _____

Person Involved:

☐ Guest

☐ Employee

Location: _____

Emergency Services Called?

☐ Yes

☐ No

Trained Assistance Provided?

☐ Yes

☐ No

☐ Not applicable

What Happened?

Immediate Action Taken:

Ownership / Required Leader Notified?

☐ Yes

☐ No

Follow-Up Needed:

☐ Yes

☐ No

Manager Signature: _____

Part 11 Review: Model SOP Application Checkpoint

Date: _____

Manager Name: _____

Restaurant / Location: _____

Use this checkpoint to confirm that the model SOPs were studied, customized, trained, and verified - not merely read.

1. Has the Power Outage SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

2. Has the Fire SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

3. Has the Refrigeration Failure SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

4. Has the Choking Emergency SOP been customized to this restaurant and assigned an owner?

☐ Yes ☐ No ☐ In progress ☐ Not applicable

Verification notes: _____

5. Which additional procedure from this department must the restaurant build next?

6. What training, checklist, poster, or verification gap still needs correction?

Person Responsible: _____ Deadline: _____

Manager Signature: _____ Follow-Up Date: _____

COMPLETED EXAMPLE - MASTER INDEX & REVISION RECORD

SOP ID	Title	Dept.	Ver.	Effective	Owner	Status	Next Review
FOH-HOST-001	Host Stand Opening	FOH	2.0	3/1/26	FOH Mgr	Active	9/1/26
Related tools	Poster + opening checklist + training sign-off + manager verification						

Revision Record

Version	Date	Change Summary	Changed By	Approved By
1.0	8/1/25	Original approved procedure.	A. Price	M. Cruz
2.0	3/1/26	Added reservations, entrance safety, and manager pre-opening verification.	A. Price	M. Cruz

Distribution Confirmed: ☐ Master binder ☐ Host stand controlled copy ☐ Digital SOP folder ☐ Training packet

Old Version Removed By: Maria Cruz Date: March 1, 2026

59. Blank SOP Template

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: _____

Department:

- ☐ Front of House
- ☐ Back of House
- ☐ Bar
- ☐ Prep
- ☐ Dish
- ☐ Cleaning / Sanitation
- ☐ Management
- ☐ Emergency
- ☐ Other: _____

Station / Process:

Purpose: _____

Why It Matters: _____

Who Performs This Task: _____

When It Is Performed:

- ☐ Opening
- ☐ Before service
- ☐ During service
- ☐ Before rush
- ☐ After rush
- ☐ Closing
- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ During emergency
- ☐ As needed
- ☐ Other: _____

Tools / Equipment / Supplies Needed:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Safety or Sanitation Notes: _____

Step-by-Step Procedure:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

8. _____
9. _____
10. _____

Quality Standard:

The task is completed correctly when:

Common Mistakes to Avoid:

1. _____
2. _____
3. _____
4. _____

Manager Verification:

Manager / Trainer should verify that:

- ☐ Employee understands the purpose.
- ☐ Employee understands why it matters.
- ☐ Employee knows when the task is performed.
- ☐ Employee has the correct tools and supplies.
- ☐ Employee follows the steps in order.
- ☐ Employee avoids common mistakes.
- ☐ Employee meets the quality standard.
- ☐ Employee knows when to notify a manager.
- ☐ Employee is ready for sign-off.
- ☐ Follow-up is needed.

Follow-Up Notes:

Training Sign-Off:

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

Date Trained: _____

SOP Review Date: _____

60. Station SOP Template

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

Station Name: _____

Department:

☐ FOH

☐ BOH

☐ Bar

☐ Prep

☐ Dish

☐ Management

☐ Other: _____

Main Purpose of This Station:

Why This Station Matters:

Employees Assigned to This Station:

Station Opening Duties:

1. _____
2. _____
3. _____
4. _____
5. _____

Station Duties During Service:

1. _____
2. _____
3. _____
4. _____
5. _____

Station Closing Duties:

1. _____
2. _____
3. _____
4. _____
5. _____

Tools / Supplies Needed:

Safety / Sanitation Standards:

Quality Standard:

When to Notify a Manager:

Common Mistakes to Avoid:

1. _____
2. _____
3. _____

Manager Verification:

- ☐ Station opening is complete.
- ☐ Station is ready for service.
- ☐ Station stays clean and organized.
- ☐ Station duties are completed during service.
- ☐ Station closing is complete.

☐ **Employee understands manager notification standards.**

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Date Trained: _____

SOP Review Date: _____

61. Opening SOP Template

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: _____

Department / Station: _____

Purpose: _____

Why It Matters: _____

Who Performs This Task: _____

When It Is Performed: _____

Opening Tools / Supplies Needed:
 1. _____
 2. _____
 3. _____
 4. _____

Opening Procedure:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____

Opening Quality Standard:
The station or area is ready when:

Opening Problems to Report:
☐ Missing supplies
☐ Dirty area
☐ Equipment issue
☐ Product shortage
☐ Food safety concern
☐ Staffing issue
☐ Guest area concern
☐ Other: _____

Manager Verification:
☐ Area is clean.
☐ Supplies are ready.
☐ Equipment is ready.
☐ Safety concerns are corrected.
☐ Employee understands opening standard.
☐ Manager approved opening.

Opening Sign-Off:
Employee Name: _____

Manager Name: _____

Date: _____

Time Approved: _____

Manager Signature: _____

62. Closing SOP Template

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: _____

Department / Station: _____

Purpose: _____

Why It Matters: _____

Who Performs This Task: _____

When It Is Performed: _____

Closing Tools / Supplies Needed:

1. _____
2. _____
3. _____
4. _____

Closing Procedure:

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

Closing Quality Standard:

The station or area is closed correctly when:

Closing Problems to Report:

- ☐ Incomplete cleaning
- ☐ Missing supplies
- ☐ Food storage issue
- ☐ Labeling issue
- ☐ Equipment issue
- ☐ Trash issue
- ☐ Security issue
- ☐ Other: _____

Manager Verification:

- ☐ Area is cleaned.
- ☐ Product is stored correctly.
- ☐ Supplies are restocked or reported.
- ☐ Equipment is off / secured if required.
- ☐ Trash is removed.
- ☐ Issues are reported.
- ☐ Employee approved to leave.

Closing Sign-Off:

Employee Name: _____

Manager Name: _____

Date: _____

Time Approved: _____

Manager Signature: _____

63. Cleaning SOP Template

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: _____

Area / Station: _____

Purpose: _____

Why It Matters: _____

Who Performs This Task: _____

When It Is Performed:

- ☐ Opening
- ☐ During shift
- ☐ After rush
- ☐ Closing
- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ As needed
- ☐ Other: _____

Cleaning Supplies Needed:

1. _____
2. _____
3. _____
4. _____

Chemical / Safety Notes:

Cleaning Steps:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Quality Standard:
The area is clean when:

Common Mistakes to Avoid:

1. _____
2. _____
3. _____

- Manager Verification:**
- ☐ Correct cleaner used.
 - ☐ Area cleaned completely.
 - ☐ Food or clean items protected.
 - ☐ Floor / surface safe.
 - ☐ Tools cleaned and stored.
 - ☐ Chemical safety followed.
 - ☐ Manager approved completion.

Employee Name: _____

Manager Name: _____

Date: _____

Manager Signature: _____

64. Food Prep SOP Template

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: _____

Prep Item: _____

Department / Station: _____

Purpose: _____

Why It Matters: _____

Who Performs This Task: _____

When It Is Performed: _____

Recipe / Prep Standard: _____

Tools / Equipment / Supplies Needed:

- ☐ Recipe card
- ☐ Scale
- ☐ Measuring cups
- ☐ Measuring spoons
- ☐ Cutting board
- ☐ Knife
- ☐ Portion tool
- ☐ Food containers
- ☐ Labels
- ☐ Marker
- ☐ Gloves if required
- ☐ Other: _____

Safety or Sanitation Notes: _____

Prep Procedure:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Labeling / Storage Standard:

Product Name: _____

Prep Date Required?

☐ Yes

☐ No

Use-By Date Required?

☐ Yes

☐ No

Storage Location: _____

Quality Standard:

Prep is correct when: _____

Common Mistakes to Avoid:

1. _____
2. _____
3. _____

Manager Verification:

☐ Recipe followed.

- ☐ Portion correct.
- ☐ Product quality checked.
- ☐ Label completed.
- ☐ Product stored correctly.
- ☐ Waste recorded if required.
- ☐ Employee ready for sign-off.

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Date Trained: _____

SOP Review Date: _____

65. Guest Service SOP Template

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: _____

Service Step / Process: _____

Department: Front of House

Purpose: _____

Why It Matters: _____

Who Performs This Task: _____

When It Is Performed: _____

Guest-Facing Standard: _____

Words / Phrases Employees May Use:

1. _____
2. _____
3. _____

Steps to Follow:

1. _____
2. _____
3. _____
4. _____
5. _____

When to Notify a Manager: _____

Common Mistakes to Avoid:

1. _____
2. _____
3. _____

Manager Verification:

- ☐ Employee uses professional tone.
- ☐ Employee follows service steps.
- ☐ Employee communicates clearly.
- ☐ Employee knows when to get a manager.
- ☐ Employee can perform during real service.
- ☐ Guest experience standard is met.

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Date Trained: _____

SOP Review Date: _____

66. Safety SOP Template

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: _____

Safety Area / Concern: _____

Department / Station: _____

Purpose: _____

Why It Matters: _____

Who Performs This Task: _____

When It Is Performed: _____

Safety Risk This SOP Controls: _____

Tools / Equipment / Supplies Needed:

1. _____
2. _____
3. _____

Immediate Safety Rules:

- ☐ Stop unsafe work.
- ☐ Notify manager.
- ☐ Keep guests away from hazard.
- ☐ Keep employees away from hazard.
- ☐ Use required protective equipment.
- ☐ Do not use unsafe equipment.
- ☐ Follow emergency procedure if needed.
- ☐ Document issue if required.

Step-by-Step Procedure:

1. _____
2. _____
3. _____
4. _____
5. _____

When to Stop Work: _____

When to Notify a Manager: _____

When to Contact Emergency Help: _____

Manager Verification:

- ☐ Employee understands the risk.
- ☐ Employee knows the safe procedure.
- ☐ Employee knows when to stop.
- ☐ Employee knows who to notify.
- ☐ Employee knows documentation requirement.
- ☐ Follow-up is assigned if needed.

Employee Name: _____

Manager Name: _____

Date Trained: _____

SOP Review Date: _____

67. Emergency SOP Template

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

Emergency SOP Title: _____

Emergency Type:

- ☐ Power outage
- ☐ Severe weather
- ☐ Fire
- ☐ Gas leak
- ☐ Water outage
- ☐ Injury
- ☐ Guest safety concern
- ☐ Equipment failure
- ☐ POS / internet outage
- ☐ Chemical spill
- ☐ Flooding / plumbing
- ☐ Violence / threat
- ☐ Other: _____

Purpose:

Why It Matters:

Who Leads the Response:

Who Must Be Notified:

- ☐ Manager on duty
- ☐ General manager
- ☐ Owner
- ☐ Emergency services
- ☐ Utility company
- ☐ Health department
- ☐ Fire department
- ☐ Maintenance
- ☐ Security
- ☐ Insurance contact
- ☐ Other: _____

Immediate Safety Priority:

Emergency Supplies / Contacts Needed:

1. _____
2. _____
3. _____
4. _____

Step-by-Step Emergency Response:

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

When to Stop Service:

When to Evacuate or Move Guests:

Documentation Required:

- ☐ Incident form
 - ☐ Manager log
 - ☐ Temperature log
 - ☐ Injury report
 - ☐ Guest complaint form
 - ☐ Equipment report
 - ☐ Waste / product loss log
 - ☐ Other: _____
- Follow-Up Required: _____

Emergency SOP Approval:
Reviewed By: _____
Title: _____
Date: _____
Manager Signature: _____
Owner / GM Signature if Required: _____

68. Manager Process SOP Template

SOP ID: _____ Version: _____ Effective Date: _____
 Department Owner: _____ Approved By: _____ Next Review Date: _____
 Previous Version Replaced: _____ Training Required After Revision: ☐ Yes ☐ No
 Change Summary: _____

SOP Title: _____

Manager Process: _____

Purpose: _____

Why It Matters: _____

Who Performs This Task:

- ☐ Manager on duty
- ☐ General manager
- ☐ Assistant manager
- ☐ Shift lead
- ☐ Department lead
- ☐ Owner
- ☐ Other: _____

When It Is Performed:

- ☐ Opening
- ☐ Pre-shift
- ☐ During shift
- ☐ Shift handoff
- ☐ After guest issue
- ☐ After employee issue
- ☐ Closing
- ☐ Weekly
- ☐ Monthly
- ☐ As needed
- ☐ Other: _____

Information Needed Before Starting:

1. _____
2. _____
3. _____

Procedure:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Decision Points:

1. _____
2. _____
3. _____

Documentation Required:

- ☐ Manager log
- ☐ Employee coaching form
- ☐ Guest complaint form
- ☐ Incident report
- ☐ Cash report
- ☐ Labor note
- ☐ Maintenance note
- ☐ SOP review log
- ☐ Other: _____

Quality Standard:

The manager process is complete when: _____

Manager Follow-Up: _____

Manager Name: _____

Date: _____

Review Date: _____

69. Station Poster Template

POSTER TITLE:

STATION / AREA:

MAIN STANDARD:

WHY IT MATTERS:

KEY ACTIONS:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

NEVER:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

WHEN TO NOTIFY A MANAGER:

MANAGER REMINDER:

Date Posted: _____

Review Date: _____

Manager Initials: _____

70. Quick Action Poster Template

QUICK ACTION POSTER

Situation / Task: _____

STOP AND CHECK:

- ☐ _____
- ☐ _____
- ☐ _____

DO THIS FIRST:

1. _____
2. _____
3. _____

NEXT STEPS:

4. _____
5. _____
6. _____

CALL / NOTIFY:

- ☐ Manager
- ☐ Kitchen lead
- ☐ Owner / GM
- ☐ Emergency services
- ☐ Maintenance
- ☐ Health department
- ☐ Other: _____

DO NOT:

- ☐ _____
- ☐ _____
- ☐ _____

FINAL CHECK:

Manager Initials: _____

Date Posted: _____

71. Opening Checklist Template

Opening Checklist Title: _____

Department / Station: _____

Date: _____

Employee Name: _____

Manager Name: _____

Opening Tasks

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Supplies / Product to Check:

- ☐ _____
- ☐ _____
- ☐ _____

Equipment to Check:

- ☐ _____
- ☐ _____
- ☐ _____

Issues Found:

Corrective Action:

Manager Approval:

- ☐ Approved
- ☐ Not approved yet
- ☐ Corrections completed

Employee Initials: _____

Manager Initials: _____

72. Closing Checklist Template

Closing Checklist Title: _____

Department / Station: _____

Date: _____

Employee Name: _____

Manager Name: _____

Closing Tasks

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Cleaning Tasks:

- ☐ _____
- ☐ _____
- ☐ _____

Product / Storage Tasks:

- ☐ _____
- ☐ _____
- ☐ _____

Issues to Report:

- ☐ Low product
- ☐ Missing supplies
- ☐ Equipment issue
- ☐ Cleaning issue
- ☐ Food safety concern
- ☐ Guest area concern
- ☐ Security concern
- ☐ Other: _____

Manager Approval:

- ☐ Approved
- ☐ Not approved yet
- ☐ Corrections completed

Employee approved to leave?

- ☐ Yes
- ☐ No

Employee Initials: _____

Manager Initials: _____

73. Manager Verification Form Template

Task / SOP Being Verified: _____

Department / Station: _____

Date: _____

Employee Name: _____

Manager Name: _____

Verification Type:

- ☐ Training
- ☐ Opening
- ☐ Closing
- ☐ Cleaning
- ☐ Food safety
- ☐ Guest service
- ☐ Emergency
- ☐ Corrective follow-up
- ☐ Other: _____

Manager observed or checked that:

- ☐ Employee understands the standard.
- ☐ Employee completed the required steps.
- ☐ Employee used correct tools or supplies.
- ☐ Employee followed safety / sanitation notes.
- ☐ Employee met quality standard.
- ☐ Employee avoided common mistakes.
- ☐ Employee knows when to notify manager.
- ☐ Corrections were completed if needed.

Result:

- ☐ Approved
- ☐ Needs more practice
- ☐ Not approved
- ☐ Follow-up required

Correction Needed: _____

Follow-Up Date: _____

Employee Signature: _____

Manager Signature: _____

74. Incident Report Template

Incident Type:

- ☐ Guest complaint
- ☐ Guest injury
- ☐ Employee injury
- ☐ Food safety concern
- ☐ Equipment issue
- ☐ Security concern
- ☐ Chemical issue
- ☐ Property damage
- ☐ Emergency
- ☐ Other: _____

Date: _____

Time: _____

Manager Name: _____

Location: _____

People Involved: _____

What Happened?

Immediate Action Taken:

Was Emergency Help Needed?

- ☐ Yes
- ☐ No

Was Ownership / GM Notified?

- ☐ Yes
- ☐ No

Witnesses:

Follow-Up Needed?

- ☐ Yes
- ☐ No

Follow-Up Action:

Person Responsible: _____

Deadline: _____

Manager Signature: _____

75. Corrective Action Form Template

Employee Name: _____

Position: _____

Manager Name: _____

Date: _____

Issue Type:

- ☐ SOP not followed
- ☐ Attendance / punctuality
- ☐ Guest service
- ☐ Food safety
- ☐ Cleaning / sanitation
- ☐ Team communication
- ☐ Cash handling
- ☐ Safety concern
- ☐ Policy issue
- ☐ Other: _____

What Happened?

Correct Standard or SOP:

Why This Matters:

Correction Required:

Retraining Required?

- ☐ Yes
- ☐ No

Follow-Up Date: _____

Employee Comments:

Employee Signature: _____

Manager Signature: _____

76. SOP Training Sign-Off Page

SOP Title: _____

Department / Station: _____

Employee Name: _____

Trainer Name: _____

Manager Name: _____

Training Date: _____

Training Review

- ☐ SOP was explained.
- ☐ Purpose was reviewed.
- ☐ Why It Matters was reviewed.
- ☐ Tools / supplies were reviewed.
- ☐ Safety / sanitation notes were reviewed.
- ☐ Trainer demonstrated the task.
- ☐ Employee practiced the task.
- ☐ Employee performed task during real shift conditions.
- ☐ Corrections were given if needed.
- ☐ Employee repeated task after correction.
- ☐ Manager / trainer verified readiness.

Employee Can Explain:

- ☐ What the SOP is for.
- ☐ Why the SOP matters.
- ☐ When the task is performed.
- ☐ What tools are needed.
- ☐ What safety rules apply.
- ☐ What mistakes to avoid.
- ☐ When to notify a manager.

Performance Result:

- ☐ Not ready
- ☐ Needs more practice
- ☐ Acceptable
- ☐ Strong
- ☐ Ready for sign-off

Follow-Up Required?

- ☐ Yes
- ☐ No

Follow-Up Date: _____

Employee approved to perform this SOP independently?

- ☐ Yes
- ☐ No
- ☐ With supervision

Employee Signature: _____

Trainer Signature: _____

Manager Signature: _____

77. SOP Review and Update Log

SOP Title: _____

Department / Station: _____

Original Date: _____

Review Date: _____

Reviewed By: _____

Reason for Review:

- ☐ Scheduled review
- ☐ Training issue
- ☐ Repeated mistake
- ☐ Guest complaint
- ☐ Food safety concern
- ☐ Equipment change
- ☐ Menu change
- ☐ Staffing change
- ☐ Emergency issue
- ☐ Manager request
- ☐ Owner / GM request
- ☐ Other: _____

Review Questions

1. Is the SOP still accurate?

- ☐ Yes
- ☐ No
- ☐ Needs minor update

Notes: _____

2. Are employees following the SOP?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Notes: _____

3. Has the SOP been trained to the right employees?

- ☐ Yes
- ☐ No
- ☐ Partially

Notes: _____

4. Is a checklist, poster, or form needed?

- ☐ Yes
- ☐ No
- ☐ Already exists

Notes: _____

5. What needs to change?

Update Completed?

- ☐ Yes
- ☐ No
- ☐ Not needed

Retraining Needed?

- ☐ Yes
- ☐ No

Retraining Deadline: _____

Manager Signature: _____

78. SOP Master Index

Use this index to organize every SOP in the restaurant binder.

Restaurant / Location: _____

Manager Name: _____

Date Started: _____

SOP MASTER INDEX

SOP # / Code: _____

SOP Title: _____

Department:

- ☐ FOH
- ☐ BOH
- ☐ Bar
- ☐ Prep
- ☐ Dish
- ☐ Cleaning / Sanitation
- ☐ Management
- ☐ Emergency
- ☐ Other: _____

Station / Process: _____

Date Created: _____

Last Review Date: _____

Next Review Date: _____

Posted as Station Poster?

- ☐ Yes
- ☐ No
- ☐ Not needed

Checklist Created?

- ☐ Yes
- ☐ No
- ☐ Not needed

Form Created?

- ☐ Yes
- ☐ No
- ☐ Not needed

Employees Trained?

- ☐ Yes
- ☐ No
- ☐ Partially

Manager Responsible: _____

Notes:

SOP MASTER INDEX CONTINUATION PAGE

SOP Title: _____

Department / Station: _____

Date Created: _____

Last Review Date: _____

Next Review Date: _____

Status:

☐ Draft

☐ Approved

☐ Posted

☐ In training

☐ Fully trained

☐ Needs revision

☐ Retired / replaced

Checklist or Form Connected to This SOP:

Employees / Positions Required to Train:

Manager Responsible:

Notes:

Part 12 Review: Custom SOP Builder Checkpoint

Date: _____

Manager Name: _____

Restaurant / Location: _____

Use this page before moving into the final SOP system review.

1. Do we have blank SOP templates ready to use?

- ☐ Yes
- ☐ No
- ☐ Need revision

Notes: _____

2. Do we have templates for opening, closing, cleaning, prep, service, safety, and emergency SOPs?

- ☐ Yes
- ☐ No
- ☐ Need revision

Notes: _____

3. Do we have poster templates that can be posted at stations?

- ☐ Yes
- ☐ No
- ☐ Need revision

Notes: _____

4. Do we have checklist templates for opening and closing?

- ☐ Yes
- ☐ No
- ☐ Need revision

Notes: _____

5. Do we have manager verification, incident, corrective action, sign-off, and review forms?

- ☐ Yes
- ☐ No
- ☐ Need revision

Notes: _____

6. Is the SOP Master Index ready to organize the binder?

- ☐ Yes
- ☐ No
- ☐ Need revision

Notes: _____

7. Which custom SOP should be built first?

8. Which poster should be created first?

9. Which checklist should be created first?

10. Which form should managers start using immediately?

11. What is the first action before final SOP system setup?

Person Responsible: _____

Deadline: _____

Follow-Up Date: _____

Manager Signature: _____

The SOP binder should be easy for a manager, trainer, or owner to open and find the correct standard quickly.

Common Mistakes to Avoid:

Keeping SOPs in random folders.

Not numbering SOPs.

Letting outdated SOPs stay active.

Posting standards that do not match the binder.

Not adding review dates.

Not assigning binder ownership.

Creating SOPs but never training them.

Restaurant SOP Binder Setup Checklist

Date: _____

Manager Name: _____

Restaurant / Location: _____

☐ Binder or digital folder selected.

☐ Sections created.

☐ SOP Master Index started.

☐ SOPs organized by department.

☐ SOP numbers or codes assigned.

☐ Station posters filed.

☐ Checklists filed.

☐ Forms filed.

☐ Training sign-off pages filed.

☐ Emergency SOPs marked clearly.

☐ Review dates added.

☐ Retired SOP section created.

☐ Binder owner assigned.

☐ Monthly review date selected.

Binder Owner: _____

Monthly Review Day: _____

Notes:

Manager Signature: _____

80. Restaurant SOP Coverage & Build-Out Checklist

This is a restaurant system-coverage checklist, not a list of full SOPs included in this workbook. A checked item means the restaurant has customized, approved, trained, and verified that procedure - whether it began with one of the 36 model SOPs, was built with the blank templates, or came from the companion SOP Library.

Use the complete list to identify gaps and plan the restaurant's next SOP priorities. Procedures not represented by a full model in this workbook remain valid build-out needs.

Purpose:

To help managers confirm which SOPs are written, customized, trained, posted, and reviewed.

Why It Matters:

A restaurant may think it has an SOP system because documents exist. But a real SOP system requires customization, training, employee sign-off, manager verification, and scheduled review.

Use this checklist to identify what is complete and what still needs work.

SOP Completion Status

Restaurant / Location: _____

Manager Name: _____

Date: _____

Part 1: SOP System Foundations

- ☐ SOP system foundation reviewed.
- ☐ SOP format approved.
- ☐ SOP customization process understood.
- ☐ Training and sign-off process approved.
- ☐ Review and update system created.

Notes:

Part 2: Station Posters

- ☐ Host stand poster ready.
- ☐ Server service poster ready.
- ☐ Table maintenance poster ready.
- ☐ Guest complaint poster ready.
- ☐ Bar poster ready.
- ☐ Cook line poster ready.
- ☐ Prep poster ready.
- ☐ Dish pit poster ready.
- ☐ Handwashing poster ready.
- ☐ Food allergy poster ready.
- ☐ Opening readiness poster ready.
- ☐ Closing standards poster ready.

Notes:

Part 3: Front of House SOPs

- ☐ Host stand opening SOP complete.
- ☐ Guest greeting SOP complete.
- ☐ Seating rotation SOP complete.
- ☐ Waitlist management SOP complete.
- ☐ Reservation handling SOP complete.
- ☐ Phone answering SOP complete.
- ☐ Server opening side work SOP complete.
- ☐ Server table greeting SOP complete.
- ☐ Server order taking SOP complete.
- ☐ Server POS entry SOP complete.
- ☐ Food running SOP complete.
- ☐ Table maintenance SOP complete.
- ☐ Guest complaint SOP complete.
- ☐ Server checkout SOP complete.
- ☐ Server closing side work SOP complete.

Notes:

Part 4: Bar SOPs

- ☐ Bar opening SOP complete.
- ☐ Bar guest service SOP complete.
- ☐ Drink preparation SOP complete.
- ☐ Responsible alcohol service SOP complete.
- ☐ Refusal of alcohol service SOP complete.
- ☐ Service well SOP complete.
- ☐ Bar cash handling SOP complete.
- ☐ Bar cleaning SOP complete.
- ☐ Bar closing SOP complete.

Notes:

Part 5: Cook Line SOPs

- ☐ Cook line opening SOP complete.
- ☐ Station setup SOP complete.
- ☐ Recipe execution SOP complete.
- ☐ Portion control SOP complete.
- ☐ Ticket reading SOP complete.
- ☐ Rush communication SOP complete.
- ☐ Food quality check SOP complete.
- ☐ Allergy order SOP complete.
- ☐ Cook line restocking SOP complete.
- ☐ Cook line cleaning SOP complete.
- ☐ Cook line closing SOP complete.

Notes:

Part 6: Prep SOPs

- ☐ Prep opening SOP complete.
- ☐ Prep list completion SOP complete.
- ☐ Produce prep SOP complete.
- ☐ Protein prep SOP complete.
- ☐ Sauce / dressing prep SOP complete.
- ☐ Portioning SOP complete.
- ☐ Labeling and dating SOP complete.
- ☐ FIFO rotation SOP complete.
- ☐ Prep waste SOP complete.
- ☐ Prep closing SOP complete.

Notes:

Part 7: Dish Pit SOPs

- ☐ Dish pit opening SOP complete.
- ☐ Dirty dish sorting SOP complete.
- ☐ Dish machine operation SOP complete.
- ☐ Silverware SOP complete.
- ☐ Glassware SOP complete.
- ☐ Pot and pan washing SOP complete.
- ☐ Trash removal SOP complete.
- ☐ Dish pit cleaning SOP complete.
- ☐ Dish pit closing SOP complete.

Notes:

Part 8: Cleaning, Safety & Sanitation SOPs

- ☐ Handwashing SOP complete.
- ☐ Glove use SOP complete.
- ☐ Sanitizer bucket SOP complete.
- ☐ Three-compartment sink SOP complete.
- ☐ Chemical safety SOP complete.
- ☐ Broken glass SOP complete.
- ☐ Spill cleanup SOP complete.

- ☐ Restroom check SOP complete.
- ☐ Dining room cleaning SOP complete.
- ☐ Kitchen floor cleaning SOP complete.
- ☐ Trash area cleaning SOP complete.
- ☐ Walk-in cooler organization SOP complete.
- ☐ Walk-in freezer organization SOP complete.
- ☐ Dry storage organization SOP complete.
- ☐ Food temperature check SOP complete.
- ☐ Cooling food SOP complete.
- ☐ Reheating food SOP complete.
- ☐ Food allergy communication SOP complete.

Notes:

Part 9: Opening and Closing SOPs

- ☐ Restaurant opening manager SOP complete.
- ☐ Restaurant closing manager SOP complete.
- ☐ FOH opening SOP complete.
- ☐ FOH closing SOP complete.
- ☐ BOH opening SOP complete.
- ☐ BOH closing SOP complete.
- ☐ Bar opening SOP complete.
- ☐ Bar closing SOP complete.
- ☐ Patio opening / closing SOP complete.
- ☐ To-go station opening / closing SOP complete.
- ☐ End-of-night building check SOP complete.
- ☐ Alarm / lock-up SOP complete.

Notes:

Part 10: Manager Process SOPs

- ☐ Manager pre-shift walkthrough SOP complete.
- ☐ Pre-shift meeting SOP complete.
- ☐ Manager shift handoff SOP complete.
- ☐ Manager guest complaint SOP complete.
- ☐ Manager void / comp approval SOP complete.
- ☐ Manager cash drawer review SOP complete.
- ☐ Manager labor cut SOP complete.
- ☐ Manager break coverage SOP complete.
- ☐ Manager employee coaching SOP complete.
- ☐ Manager incident documentation SOP complete.
- ☐ Manager end-of-shift recap SOP complete.
- ☐ Manager weekly SOP review SOP complete.

Notes:

Part 11: Emergency SOPs

- ☐ Power outage SOP complete.
- ☐ Tornado / severe weather SOP complete.
- ☐ Fire SOP complete.
- ☐ Gas leak SOP complete.
- ☐ Water outage SOP complete.
- ☐ Boil water notice SOP complete.
- ☐ Refrigeration failure SOP complete.
- ☐ Foodborne illness complaint SOP complete.
- ☐ Employee injury SOP complete.
- ☐ Guest injury SOP complete.
- ☐ Choking emergency SOP complete.
- ☐ Active threat / violent guest SOP complete.
- ☐ Robbery SOP complete.
- ☐ Missing child / lost child SOP complete.
- ☐ POS system down SOP complete.
- ☐ Internet down SOP complete.
- ☐ Dishwasher machine failure SOP complete.

- ☐ Equipment failure SOP complete.
- ☐ Chemical spill SOP complete.
- ☐ Flooding / plumbing backup SOP complete.

Notes:

Part 12: Custom Builder Pages

- ☐ Blank SOP template ready.
- ☐ Station SOP template ready.
- ☐ Opening SOP template ready.
- ☐ Closing SOP template ready.
- ☐ Cleaning SOP template ready.
- ☐ Food prep SOP template ready.
- ☐ Guest service SOP template ready.
- ☐ Safety SOP template ready.
- ☐ Emergency SOP template ready.
- ☐ Manager process SOP template ready.
- ☐ Station poster template ready.
- ☐ Quick action poster template ready.
- ☐ Opening checklist template ready.
- ☐ Closing checklist template ready.
- ☐ Manager verification form ready.
- ☐ Incident report template ready.
- ☐ Corrective action form ready.
- ☐ SOP training sign-off page ready.
- ☐ SOP review and update log ready.
- ☐ SOP master index ready.

Notes:

Final Completion Review

Total SOPs completed: _____

Total SOPs customized: _____

Total SOPs trained: _____

Total SOPs posted: _____

Total SOPs needing revision: _____

Top 3 SOPs to finish first:

1. _____

2. _____

3. _____

Manager Signature: _____

Date: _____

81. SOP Training Rollout Plan

Purpose:

To help managers introduce SOPs to the team in a controlled, organized way.

Why It Matters:

Rolling out too many SOPs at once can overwhelm employees. A strong rollout focuses on priority areas first, trains employees in manageable groups, verifies performance, and follows up.

Recommended Rollout Order:

1. Safety and sanitation SOPs
2. Opening and closing SOPs
3. Station setup SOPs
4. Guest service SOPs
5. Food quality and portion control SOPs
6. Manager process SOPs
7. Emergency SOPs
8. Custom station SOPs

Training Rollout Steps:

1. Choose the first 5 to 10 SOPs to train.
2. Assign a trainer or manager to each SOP.
3. Schedule training by position.
4. Explain why each SOP matters.
5. Demonstrate the task.
6. Let employees practice.
7. Observe employees during real shift conditions.
8. Correct mistakes.
9. Sign off only when performance is ready.
10. Schedule follow-up review.

SOP Training Rollout Plan

Restaurant / Location: _____

Manager Name: _____

Rollout Start Date: _____

Rollout Goal: _____

First SOPs to Train:

1. _____
2. _____
3. _____
4. _____
5. _____

Employees / Positions Included:

Trainer(s): _____

Training Schedule:

Date: _____ SOP: _____ Trainer: _____

Date: _____ SOP: _____ Trainer: _____

Date: _____ SOP: _____ Trainer: _____

Date: _____ SOP: _____ Trainer: _____

Date: _____ SOP: _____ Trainer: _____

How Training Will Be Verified:

☐ Written review

☐ Demonstration

☐ Real shift observation

☐ Manager sign-off

☐ Trainer sign-off

☐ Follow-up observation

☐ Other: _____

Follow-Up Date: _____

Manager Signature: _____

82. 30-Day SOP Implementation Plan

Purpose:

To help managers begin using the SOP system over the first 30 days.

Why It Matters:

A 30-day plan turns a large SOP system into manageable action. It prevents the manager from trying to fix everything at once and gives the restaurant a realistic path to improvement.

Week 1: Organize and Prioritize

- ☐ Set up SOP binder.
- ☐ Create master index.
- ☐ Choose highest-risk SOPs.
- ☐ Identify safety and sanitation priorities.
- ☐ Identify opening and closing priorities.
- ☐ Assign manager ownership.
- ☐ Schedule first training sessions.

Week 1 Notes:

Week 2: Train Core Standards

- ☐ Train handwashing / glove use.
- ☐ Train allergy communication.
- ☐ Train opening and closing basics.
- ☐ Train station setup standards.
- ☐ Train manager walkthrough process.
- ☐ Begin using checklists.
- ☐ Start collecting sign-offs.

Week 2 Notes:

Week 3: Verify Real Shift Performance

- ☐ Observe employees during real shifts.
- ☐ Correct missed standards.
- ☐ Use manager verification forms.
- ☐ Review guest service standards.
- ☐ Review food quality and portion control.
- ☐ Check whether checklists are being completed honestly.
- ☐ Document repeated issues.

Week 3 Notes:

Week 4: Review, Adjust, and Lock In

- ☐ Review what improved.
- ☐ Review what is still inconsistent.
- ☐ Update unclear SOPs.
- ☐ Retrain where needed.
- ☐ Assign weekly SOP review process.
- ☐ Post key station posters.
- ☐ Complete first SOP accountability scorecard.
- ☐ Set next 30-day SOP goal.

Week 4 Notes:

30-Day SOP Implementation Summary

Start Date: _____

End Date: _____

Manager Responsible: _____

Top 3 SOP Priorities:

1. _____
2. _____
3. _____

Biggest Improvement After 30 Days:

Biggest Remaining Problem:

Next 30-Day Goal:

Manager Signature: _____

83. Manager SOP Accountability Scorecard

Purpose:

To measure whether managers are actually using the SOP system.

Why It Matters:

An SOP system cannot depend only on employees. Managers must train it, check it, correct it, and keep it current. This scorecard helps identify whether management is supporting the system or letting it fade.

Manager Name: _____

Review Period: _____

Reviewer Name: _____

Score each area from 1 to 5.

1 = Not happening

2 = Weak / inconsistent

3 = Acceptable

4 = Strong

5 = Excellent

SOP Binder Organization

Score: _____

Notes:

SOP Training Completed

Score: _____

Notes:

Employee Sign-Offs Current

Score: _____

Notes:

Station Posters Posted and Used

Score: _____

Notes:

Checklists Used Correctly

Score: _____

Notes:

Manager Verification Completed

Score: _____

Notes:

Corrective Action Documented

Score: _____

Notes:

Emergency SOPs Reviewed

Score: _____

Notes:

Weekly SOP Review Completed

Score: _____

Notes:

SOPs Updated When Needed

Score: _____

Notes:

Total Score: _____ / 50

Score Review:

☐ 45–50 Excellent SOP leadership

- ☐ 38–44 Strong, with minor follow-up
 - ☐ 30–37 Acceptable, needs improvement
 - ☐ 20–29 Weak, needs manager retraining
 - ☐ Below 20 SOP system is not being managed
- Top Manager Strength:

Top Manager Improvement Needed:

Follow-Up Action:

Reviewer Signature: _____

Manager Signature: _____

Date: _____

84. What To Do Tomorrow: SOP Action Page

Purpose:

To turn this workbook into action immediately.

Why It Matters:

A workbook is only useful if it leads to real improvement. This page helps the manager choose the first practical steps instead of waiting for the perfect time.

Tomorrow's SOP Action Plan

Date: _____

Manager Name: _____

1. The first SOP I will review tomorrow is:

Why this one matters: _____

2. The first checklist I will start using tomorrow is:

Where it will be used: _____

3. The first station I will inspect using a written standard is:

What I will check: _____

4. The first employee or position I will train is:

SOP to train: _____

5. The first station poster I will create or post is:

Where it will be posted: _____

6. The first manager habit I will improve is:

☐ Pre-shift walkthrough

☐ Pre-shift meeting

☐ Shift handoff

☐ Manager verification

☐ End-of-shift recap

☐ Weekly SOP review

☐ Other: _____

Specific action: _____

7. The first repeated problem I will document instead of just correcting verbally is:

8. The first follow-up date I will schedule is:

Tomorrow's Commitment:

I will not try to fix everything at once.

I will start with one standard, one checklist, one station, and one follow-up.

Manager Signature: _____

Date: _____

85. Final SOP System Review

Purpose:

To complete a final review of the restaurant's SOP system and identify the next stage of improvement.

Why It Matters:

The final review helps managers see whether the SOP system is ready to use, still needs customization, or needs more training before it becomes an official restaurant standard.

Final SOP System Review

Restaurant / Location: _____

Manager Name: _____

Review Date: _____

1. Is the SOP binder organized?

- ☐ Yes
- ☐ No
- ☐ Partially

Notes:

2. Are the highest-priority SOPs customized for this restaurant?

- ☐ Yes
- ☐ No
- ☐ Partially

Notes:

3. Are employees trained on the most important SOPs?

- ☐ Yes
- ☐ No
- ☐ Partially

Notes:

4. Are manager verification forms being used?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Notes:

5. Are opening and closing checklists being used consistently?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Notes:

6. Are station posters posted where they are needed most?

- ☐ Yes
- ☐ No
- ☐ Some are

Notes:

7. Are emergency SOPs reviewed and customized?

- ☐ Yes
- ☐ No
- ☐ Partially

Notes:

8. Are incidents, corrections, and follow-ups documented?

- ☐ Yes
- ☐ No

☐ Sometimes

Notes: _____

9. Are SOPs reviewed on a regular schedule?

☐ Yes

☐ No

☐ Not yet

Notes: _____

10. Is one manager clearly responsible for maintaining the SOP system?

☐ Yes

☐ No

Manager Responsible: _____

Final Readiness Rating:

☐ Not ready

☐ Early draft

☐ Usable with revisions

☐ Ready for training rollout

☐ Active restaurant SOP system

☐ Strong and improving

Top 5 Next Actions:

1. _____

2. _____

3. _____

4. _____

5. _____

Manager Signature: _____

Owner / GM Signature if Required: _____

Date: _____

SOP MANAGER CERTIFICATION ASSESSMENT

Candidate Name: _____ Position: _____

Evaluator: _____ Assessment Date: _____

Recommended passing standard: 85% overall, completion of the practical exercise, and no critical failure involving safety, document control, or unauthorized approval.

SECTION A - SYSTEM KNOWLEDGE

1. Explain the difference between an SOP, a station poster, a checklist, and a verification form.

2. Why must an SOP be customized before it is trained?

3. List six required document-control fields.

4. Who has final approval authority for operational SOPs in this restaurant?

5. What should happen to outdated controlled copies after a revision?

6. When should an SOP be reviewed before its scheduled review date?

7. Why is real-shift observation required before employee sign-off?

8. What records should be stored separately from public station materials?

9. What is the purpose of the SOP master index?

10. What makes an SOP “complete” in this system?

SOP MANAGER CERTIFICATION - SCENARIO REVIEW

SCENARIO 1

A shift lead changes a posted closing checklist without approval because the current process feels too slow. What should the manager do?

SCENARIO 2

A cook can explain the allergy-order SOP in the office but does not follow it correctly during a rush. Is the employee ready for sign-off? Explain.

SCENARIO 3

Two versions of the same opening SOP are found in different binders. Describe the immediate control steps.

SCENARIO 4

An incident reveals that an emergency phone number in the SOP is outdated. Describe the review, approval, communication, and retraining steps.

SCENARIO 5

A manager wants to keep completed corrective-action forms in an open station binder so they are easy to find. Identify the concern and the proper alternative.

SCENARIO 6

A new piece of equipment changes the station setup process. What documents and training materials may need revision?

SOP MANAGER CERTIFICATION - PRACTICAL EXERCISE

Candidate must select one real restaurant process and demonstrate the complete SOP lifecycle.

- ☐ Identify the operational need and complete the risk-priority score.
- ☐ Draft or customize the SOP using clear, observable language.
- ☐ Assign the SOP ID, version, owner, effective date, approver, and review date.
- ☐ Identify required reviewers and obtain approval.
- ☐ Create the supporting poster, checklist, form, or verification tool.
- ☐ Conduct or simulate employee training.
- ☐ Demonstrate real-shift verification or an approved operational simulation.
- ☐ Update the master index and revision record.
- ☐ Explain secure record handling and retirement of outdated copies.

Process Selected: _____

Critical Strengths:

Corrections Required:

SOP MANAGER CERTIFICATION SCORECARD

Competency	Points Possible	Points Earned	Critical Failure?	Evaluator Notes
System knowledge	20		☐ Yes ☐ No	
Clear SOP writing	15		☐ Yes ☐ No	
Document control	15		☐ Yes ☐ No	
Risk prioritization	10		☐ Yes ☐ No	
Training method	10		☐ Yes ☐ No	
Real-shift verification	10		☐ Yes ☐ No	
Revision / retirement control	10		☐ Yes ☐ No	
Confidential record handling	10		☐ Yes ☐ No	
TOTAL	100		☐ Yes ☐ No	

Final Result: ☐ Certified ☐ Conditionally Certified ☐ Retraining Required ☐ Not Approved

Retraining Topics / Conditions:

Candidate Signature: _____ **Date:** _____

Evaluator Signature: _____ **Date:** _____

Owner / GM Approval: _____ **Date:** _____

SOP SYSTEM MANAGER CERTIFICATION RECORD

This record confirms that the manager completed the workbook assessment and demonstrated the ability to build, approve, train, verify, revise, and maintain restaurant SOPs under the restaurant's approved authority structure.

Manager Name: _____

Restaurant / Location: _____

Certification Date: _____ **Expiration / Review Date:** _____

Assessment Score: _____ / 100 **Practical Exercise:** ☐ Passed ☐ Needs Follow-Up

Authority Granted:

- ☐ Draft SOPs
- ☐ Coordinate operational review
- ☐ Train employees
- ☐ Verify compliance
- ☐ Maintain the master index
- ☐ Coordinate revisions
- ☐ Retire controlled copies
- ☐ Approve SOPs only when separately authorized by restaurant leadership

Restrictions / Follow-Up Requirements:

Certified Manager Signature: _____

Evaluator Signature: _____

Owner / GM Approval: _____

86. Notes Pages

Notes

[illegible]

Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Notes

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery.

FINAL WORKBOOK COMPLETION PAGE

The Restaurant Manager's Toolkit

Restaurant SOP & Station Operations Builder

This workbook was built to help restaurant managers create practical, usable standards for real operations.

The goal is not perfection.

The goal is clarity.

A restaurant becomes stronger when employees know what is expected, trainers know what to teach, managers know what to verify, and owners can see that the operation is being built on systems instead of guesswork.

Use these SOPs.

Customize them.

Train them.

Post them.

Check them.

Update them.

A written standard only matters when it changes the way the restaurant works.

Final Manager Reflection:

The first standard I will strengthen is:

The first team habit I will improve is:

The first manager habit I will commit to is:

The date I will review this SOP system again is:

Manager Signature: _____

Date: _____

END OF WORKBOOK