# **BLANK SOP TEMPLATE**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date written: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date revised:**

**Purpose:**

**Name of the person(s) responsible for performing the task (ex: all personnel, sanitation crew)**

**Where the activities performed are documented: (as appropriate)**

**Frequency of the described activity:**

**Tools/Equipment Required:**

**Detailed instructions/procedures to be performed (include safety precautions: gloves, eye protections, apron, etc.):**

**1.**

**2.**

**3.**

**4.**

**5.**

**Verification/Documentation:**

**Who will check that the task was completed effectively?**

**How will this be recorded?**

**Where will this Verification be kept?**