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| **SOP #** | DDMonthYY | **LAST VERSION DATE** | DDMonthYY |
| **REVISION #** | DDMonthYY | **NEXT REVIEW DATE** | DDMonthYY |
| **ISSUE DATE** | DDMonthYY | **SOP OWNER** | NAME |
| **DEPARTMENT** | DEPT | **EXEC APPROVAL** | NAME |

1. PURPOSE: Describe purpose of SOP.
2. SCOPE: Identify departments, activities, software, vendors, etc. covered by SOP.
3. RESPONSIBILITIES: Identify RACI matrix covered by SOP (Responsible, Accountable, Consulted, Informed) and how their responsibilities are covered by SOP.
4. OPERATING PROCEDURE: List process step by step, including screenshots, links, or other visual/auditory cues that will help the SOP viewer to understand the SOP.
5. REFERENCES: List other reference documentation available to augment the SOP, or other SOPs that may be tied to this SOP.
6. DEFINITIONS: List key term definitions or pertinent acronyms to aid in understanding SOP.

*The undersigned has received and reviewed this SOP.*

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*Employee Signature Date*