

SOP Template

Company Name	Process Name	Date Created	Revision Number
One Touch Automation	Receive Products		
Process Frequency (Daily/Weekly/Monthly/Project Based)			
Process Description			
Who's Involved		What are the inputs?	
Name	Department or Function	Documents, SOW, Approval, Labor, Software, Etc.	
What are the sequential steps?			
Step Description		Who is Responsible?	
What are the outputs [Defined Standards of Completion or Deliverables]			
Who does the process transfer to next?			
Name	Department or Function	Milestone	