STANDARD OPERATING PROCEDURE			
TITLE:	*"WRITE CLEAR TITLE HERE"*		**VERSION 00**
APPROVED BY: "SIGNATURE"	**EFFECTIVE DATE:**	*"PLACE DATE HERE"*	
"PERSON NAME"	**REVISION DATE:**	*"PLACE DATE HERE"*	
"OFFICIAL TITLE"	**SOP NUMBER**	*"PLACE SOP NUMBER HERE"*	

PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to [*what the procedure accomplishes and why it matters for consistency, safety, compliance, resource protection, or training*].

SCOPE (application)

These procedures apply to [*staff/contractors/program*] when [*activity, location, or media*]. They support [*Tribal policy, QAPP, HASP, TAS requirement, or CERCLA 128(a) element*]. They do not apply to [*exclusions*].

REFERENCES

Insert applicable regulatory codes and/or policies such as:

- Tribal policies, codes, or resolutions
- QAPP/HASP/Sampling Plan Sections
- Methods or Regulations
- Related SOPs

RESPONSIBILITIES

[*Role*] is responsible for [*approval/training/equipment*].

[*Role*] is responsible for [*performing the work*].

Contractors must follow this SOP or an equivalent approval in writing before work starts.

DEFINITIONS (TERMS)

Define only terms that have special meaning in this procedure.

HEALTH AND SAFETY (*if Programmatic, mark N/A or delete*)

Personnel must follow the site-specific Health and Safety Plan (HASP) or job hazard analysis.

Specific concerns for this procedure: [*list here, or "none beyond the HASP"*].

Stop-work authority: [*who can stop work and how*].

If there is a specific health and safety concern, highlight it here and reference HASP.

EQUIPMENT

The following equipment is necessary for [list tools, calibrants, containers, PPE, and forms]. Follow the site-specific sampling or work plan for locations and frequencies.

TIMING AND FREQUENCY

When the procedure is performed and how often [*e.g., site visit; before each sampling event; annually*].

PROCEDURES

Numbered steps in the exact order of work. If there are hazardous steps, place warnings immediately before the step and use bold lettering.

1. *First step*
2. *Second step*
3. *Third step*

LEVEL 2 HEADING

Optional subgroup.

Level 3 Heading

Optional sub-subgroup.

QUALITY CONTROL (*Use or mark N/A or delete*)

Duplicates, blanks, calibration checks, and what to do if a check fails.

RECORDS (*Use or mark N/A or delete*)

Identify all forms that must be completed, where records are stored, and how long records are kept.

DEVIATIONS (*Use or mark N/A or delete*)

How an authorized change is requested, approved, and documented.

FORMS, WORK INSTRUCTIONS, AND ATTACHMENTS

List field sheets, diagrams, flowcharts, and illustrations attached to this SOP.

REVISION HISTORY

Version	Date	Description of Change	Author
00		Original Issue	

Writing Rules to print on the back of the procedure handouts

- If you write it, you must be able to do it.
- Write to the person doing the task, not to a reviewer.
- Use one action per numbered step.
- Write it in plain English, avoid vague phrasing
- Minimize the use of jargon
- Reference external standards instead of copying them into the SOP
- Test the draft with multiple staff members who did not write it.