# SOP Template: Bar Area Setup

This SOP details the **bar area setup** procedures, focusing on maintaining optimal stock levels, preparing glassware, and arranging garnishes. It ensures the bar is efficiently organized and ready for service by verifying inventory, cleaning and positioning glassware appropriately, and prepping fresh garnishes to meet beverage requirements, promoting smooth operations and excellent customer experience.

## 1. Stock Levels

1. Review the bar inventory sheet at the start of each shift.
2. Check all spirits, wine, beer, soft drinks, and mixers for adequate quantities.
3. Restock shelves/fridges as needed, following FIFO (First In, First Out) principles.
4. Verify supply of straws, napkins, coasters, and cocktail tools (shakers, strainers).
5. Report low or missing stock items to management immediately.

## 2. Glassware Preparation

1. Ensure all glassware (wine, cocktail, highball, rocks, etc.) is clean and free from chips or spots.
2. Polish glassware with a clean, lint-free cloth as needed.
3. Place glassware in designated areas, organized by type and size for easy access.
4. Stock additional clean glassware in accessible backup areas behind the bar.
5. Dispose of any damaged or dirty glassware immediately.

## 3. Garnish Preparation

1. Wash, peel, slice, or cut fresh garnishes (lemons, limes, oranges, cherries, herbs) as needed per menu requirements.
2. Arrange prepared garnishes in clean, covered containers or trays, clearly labeled.
3. Store garnishes in refrigerated units until needed; refill garnish trays as necessary during service.
4. Replace or discard any wilted or old garnishes promptly to maintain freshness and hygiene.
5. Sanitize garnish utensils and containers at the end of each shift.

## 4. Final Setup Checks

- Wipe down bar surfaces and counters.
- Verify all equipment (blenders, ice bins, sinks) is working and sanitized.
- Ensure emergency and safety equipment is accessible and functional.
- Conduct a final walkthrough to confirm readiness for opening.

## 5. Sign-Off

Completed by: _____

Date: _____      Supervisor: _____