	DOCUMENT NAME	DOCUMENT NUMBER
	COMMUNICATION OF OPERATING HOURS TO USERS	

VERSION	**1**	
COMPILED BY		**DATE**
AUTHORIZED BY		**07/2025**
NEXT REVISION DATE		**07/2027**

1. PURPOSE & SCOPE

To ensure users are consistently informed of the practice's opening and closing times using visible and accessible communication methods.

This SOP applies to all staff and applies to both physical and digital communications relating to operating hours.

2. RESPONSIBILITIES

Job description of person responsible	Duties
Reception Staff	Ensure the physical signage is present and clean.
Practice Manager:	Ensure information is current and visible during compliance checks.

3. PROCEDURE

3.1. Display of Hours

Operating hours must be:

- Clearly displayed at or near the **main entrance**.
- Included on the **practice website**, if available.
- Printed in **pamphlets or booklets** provided to users (optional but recommended).
- Optionally listed on appointment reminder slips or notices.

3.2. Standard Format

Operating hours should be displayed using a consistent, professional format:

🗓️ Practice Operating Hours

Monday to Friday: 08:00 – 17:00
Saturday: 09:00 – 13:00
Sunday & Public Holidays: Closed

📞 For urgent assistance or after-hours care, please call: [Insert Emergency Number]
🌐 Visit our website: [Insert Website URL]

3.3. Updates

- If operating hours change, **new signage** must be posted immediately.
- Website and printed materials must be updated **within 48 hours**.

4. INTERNAL SUPPORTING DOCUMENTATION

Document	Number	Retention period	Location

5. ATTACHMENT

📌 **Poster Template for Display**

(You can print and place this at the entrance or in the waiting area)

🕒 **OPERATING HOURS**

Welcome to **[Practice Name]**

Our hours of operation are:
🗓️ Monday to Friday: 08:00 – 17:00
🗓️ Saturday: 09:00 – 13:00
⛔ Closed on Sundays & Public Holidays

📍 For more information, visit our website: [Insert URL]
📞 Contact us: [Insert Phone Number]

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Receipt Acknowledgement for this SOP

I have read and been informed about the content, requirements, and expectations of this policy for this practice. I understand that if I have questions, at any time, regarding this policy, I will consult with my immediate supervisor or my Human Resources staff members. Please read the policy/procedure carefully to ensure that you understand the policy/procedure before signing this document.

Employee Signature	Employee Printed Name	DATE	Employee Signature	Employee Printed Name	DATE