

5S AUDIT FORM

Date: _____ Audit Team: _____ Type of Audit: _____

	WORK AREA:	SCORE:	0	1	2	3	4	5
Sort	Employee Interviewed:							
Set in Order	Employee Interviewed:							
Shine	Employee Interviewed:							
Standardize	Employee Interviewed:							
Sustain	Employee Interviewed:							

AREA/LOCATION	PLUS POINTS/CONCERN	SUGGESTIONS