

5S AUDIT FORM

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

	WORK AREA:	SCORE:	0	1	2	3	4	5
Sort	Employee Interviewed:							
	Are there any nonessential items in the area? (tools, racks, shelves, etc.)							
	Are there any red-tagged items present for more than four weeks?							
	Are personal belongings properly stored?							
Set in Order	Employee Interviewed:							
	When not in use, are items stored where they belong?							
	Are needed items conveniently located in visually designated locations?							
	Is moveable equipment stored in areas designated by floor marking?							
	Are aisles and walkways clearly marked and identified?							
Shine	Employee Interviewed:							
	Are cleaning materials available?							
	Are all machines, workstations, floors, tables, cabinets, walls and other items in the area clean, free from clutter, dirt, debris, oil or grease?							
	Are all floor markings, labels, shadow boards and signs clean and in good repair?							
	Are scrap bins, trash and recycle containers available and emptied on a regular basis?							
Standardize	Employee Interviewed:							
	Have standards been established and posted for Sort, Set in Order and Shine?							
	Are standards being followed and improved?							
	Has all marking and labeling been done using a standardized system?							
Sustain	Employee Interviewed:							
	Are past audits posted and used for improvement?							
	Are display boards up to date?							
	Is the department auditing itself weekly and posting the results?							

AREA/LOCATION	PLUS POINTS/CONCERN	SUGGESTIONS