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If you are interested in digitizing this process and taking your operations to the next level please feel free to get in touch:

[weeverapps.com](https://weeverapps.com/)

solutions@weeverapps.com

Toll free: 1 (800) 299-0623

**5S Workstation Audit**

**Please attached photos if applicable.**

**Sort**

|  |
| --- |
| **Criteria:** All excess unnecessary equipment, wiring, tools, etc. have been removed.**Evaluation Guide:** Ensure that area is clear of all unnecessary items. |

* Not completed ***0***
* Partially completed ***1***
* Completed ***2***

**Set in Order**

|  |
| --- |
| **Criteria:** All cabinets, tool boards, and toolboxes are clearly outlined and in designated area. All tools color coded for area and hung appropriately? All cleaning supplies labeled, appropriate for area, and following color coding?**Evaluation Guide:** Ensure that all necessary items are in correct location and have a designated area. Ensure all designated items are clearly labeled. (RIGHT TOOL, RIGHT PLACE, RIGHT TIME). Tools are labeled correctly, product contact tools are labeled as such, cleaning tools in cleaning cabinets are clean. |

* Not completed ***0***
* Partially completed ***1***
* Completed ***2***

**Shine**

|  |
| --- |
| **Criteria:** No dirt build-up, product, or oil in area. No overhead dust accumulation. No "open product area" where any SOC could get to the product. Are there any water/roof leaks, standing water, condensation, mold, contamination that should not be present. GMPs. No openings to the outside (cracks/door seals/holes in screens/doors to outside properly closed).**Evaluation Guide:** Ensure that area is swept, clean, and organized. Look for contamination elimination opportunities. |

* Not completed ***0***
* Partially completed ***1***
* Completed ***2***

**Standardize**

|  |
| --- |
| **Criteria:** 5S map is up-to-date and posted. All necessary equipment or items are marked on map. Regular 5S audits are being executed.**Evaluation Guide:** Ensure that map is updated any time new items/objects are added to the zone. If a shared area, describe process of how to address reoccurring issues. Ensure that the items that are posted on the map are present and in proper place (ex: fire extinguishers, eye wash stations, e stops, etc.) |

* Not completed ***0***
* Partially completed ***1***
* Completed ***2***

**Sustain**

|  |
| --- |
| **Criteria:** Since last coaching session have deviations from standard been eliminated or improvements made to zone area and being maintained? Does area have the correct frequency cleaning?**Evaluation Guide:** Refer to previous month's action plan to ensure actionable items have been eliminated or work plan in place. |

* Not completed ***0***
* Partially completed ***1***
* Completed ***2***

**Total Audit Score**

*Add up all the scores.*

|  |
| --- |
|  |

**Audit Outcome**

* **0 – 4:** Review with Supervisor and Audit again in 1 week
* **5 – 8**: Review with Supervisors. Keep usual audit schedule.
* **9 – 10:** **Pass** – Nice Job.

**Next Steps:**

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**Leader:**

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**Due Date:**

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| --- |
|  |

**Comments**

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