

5S CHECKLIST

	ITEM	0	1	2	3	4	COMMENTS
1	Is unused equipment and machinery eliminated from the plant	<input type="checkbox"/>				<input type="checkbox"/>	
2	Is obsolete inventory and raw material eliminated from the plant	<input type="checkbox"/>				<input type="checkbox"/>	
3	Is the work in progress inventory reduced to the least possible amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Are aisles and doorways free from material and blockages	<input type="checkbox"/>				<input type="checkbox"/>	
5	Are all tripping hazards and obstructions eliminated	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
6	Are all work area boundaries clearly marked	<input type="checkbox"/>				<input type="checkbox"/>	
7	Are storage places for all tools and equipment designated and marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Are storage places for all work in progress designated and marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Are all machinery, storage equipment and columns identified and numbered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Are all pipes, controls and gauges identified and labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Is the plant free from trash and dirt	<input type="checkbox"/>				<input type="checkbox"/>	
12	Is the floor and machinery free from all foreign material	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
13	Are machines clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
14	Are sources of dust, dirt and foreign material under control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Are oil analysis and other techniques used to gauge machine condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Are cleaning and checking schedules available and in documented use	<input type="checkbox"/>				<input type="checkbox"/>	
17	Are up to date work instructions, including quality checks, available and in use at all work stations	<input type="checkbox"/>				<input type="checkbox"/>	
18	Are all bins and parts properly identified and tagged	<input type="checkbox"/>				<input type="checkbox"/>	
19	Are gauges and indicators labeled to clearly show the normal operating range	<input type="checkbox"/>				<input type="checkbox"/>	
20	Are all start-up safety checks carried out and documented	<input type="checkbox"/>				<input type="checkbox"/>	
21	Is everyone wearing proper safety gear	<input type="checkbox"/>				<input type="checkbox"/>	
22	Are all unused tools and equipment properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	Are all raw materials and work in progress properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	Are all personnel fully trained in the tasks they are responsible for, and regularly tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	Is there a regular auditing process to verify compliance with all elements of the production and safety systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	= _____ %
<p>Scoring method: 0 = 'No', where the only choice is '0' or '4', otherwise it means 'not at all' 1 = Some evidence of a plan, but very little conformance 2 = About half the instances noted were in conformance 3 = Instances noted were mostly in conformance, but one or more problems were found 4 = 'Yes', where the only choice is '0' or '4', otherwise complete conformance with no problems noted</p> <p>Please e-mail Gardiner Nielsen Associates Inc. at anders@gardinernielsen.com for complete instructions on how to use this form.</p>							

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