

[organization name]

Appendix 1 – Workplace Organization (5S) Audit Form

Audit date: _____ Auditor(s): _____

Commented [16A1]: Write on right side audit date.

Commented [16A2]: Write on right side auditor(s) name(s).

No.		Item rank		
		1	2	Not compliant "2"
1. Sort				
1.1	Is workstation clear of excess materials/components/parts?			
1.2				
1.3	Were personal items removed from workstation?			
1.4				
2. Set in order				
2.1				
2.2	Are all tools/equipment/auxiliary items (such as gloves, boxes) identified?			
2.3	Are all locations identified using labels/other means?			
2.4				
3. Shine				
3.1				
3.2	Are trash/waste bins emptied on a regular basis?			
3.3				
4. Standardize				
4.1				
4.2				
4.3	Are dashboards updated on a regular basis?			
4.4	5S related activities are clearly assigned to responsible individuals?			
5. Sustain				
5.1	Ok (good) examples are displayed and promoted?			
5.2				
5.3				
5.4	Does a reward/recognition system take into account involvement in the 5S system?			
5S System Result:				...

Commented [16A3]: See below and choose A, B, C or D – interpretation section on next page.

[organization name]

Interpretation:

- A: One item scored 0 or 1. If unacceptable result, action plan needed
- B: More than 1 item scored 0 or 1. If action plan needed, audit conditionally accepted
- C: Two items scored 0 or 1. If result accepted but improvement plan needed
- D: No items scored 0 or 1. If result fully accepted