

5S Routine Audit Form

Audit Date: _____

Area Audited: _____

Auditor(s): _____

Area Rep(s): _____

Scoring Legend	Green	Yellow	Red	# of Problems Score	If item is not applicable to the area, score N/A and do not include in the final total	5	3-4	2	1	0
	>=70%	50%-69%	<=49%			1	2	3	4	5
Category	Item				N/A					
SORT	Distinguish between what is needed and not needed									
	Are unneeded equipment, tools, furniture, etc. present in the area?									
	Are any Red Tagged items more than 3 weeks old?									
	Are personal belongings properly stored?									
SIMPLIFY	A place for everything and everything in its place									
	Are aisle/walk ways and workstations clearly marked and identified?									
	Are jigs, fixtures, tools, equipment, & inventory properly identified and in their correct locations?									
	Are items put away after use?									
SYSTEMATIC CLEANING	Cleaning and looking for ways to keep the workplace clean/organized									
	Are cleaning materials easily accessible & properly stored									
	Are equipment and work station kept clean and free of oil, grease and debris?									
	Are designated walkways/stairs free of dirt, oil, grease and dust?									
STANDARDIZE	Maintain and monitor the first three categories									
	Are display boards used, organized, current and tidy?									
	Are employees dressed appropriately and prepared?									
	Have specific cleaning tasks been assigned?									
SUSTAIN	Stick to the rules									
	Is the 5S program discussed at Key Indicator/Crew Meetings?									
	Are the tools in place to sustain the 5S program?									
	Overall, is the area maintaining 5S rules and disciplines?									
					TOTAL	/				
					% SCORE	%				

Comments:

Concerns	Plus Points	Suggestions