



# 6S (5S + Safety) Checklist

## Sort (Seiri) - Eliminate Unnecessary Items

Focus on removing items that are not needed for current operations. This clears space and reduces clutter.

### Number of Items Removed (Estimate)

### Description of Items Removed

### Reason for Removal (Select Primary Reason)

- ☐ Not Used in Past 6 Months
- ☐ Broken/Defective
- ☐ Redundant
- ☐ Obsolete
- ☐ Other (Specify in Long Text)

### Specify 'Other' Reason (if selected)

### Photos of Items Before Removal (Optional)

 Upload File

### Disposal Method

- ☐ Recycle
- ☐ Sell/Donate
- ☐ Waste Disposal
- ☐ Returned to Storage

### Notes on Removal Process (e.g., challenges, observations)

Write something...

## Set in Order (Seiton) - Organize and Arrange

Establish a place for everything, and keep everything in its place. This focuses on efficiency and accessibility.

### Tool Shadow Boards Present and Accurate?

- ☐ Yes
- ☐ No
- ☐ N/A

### Inventory Locations Clearly Marked?

- ☐ Yes
- ☐ No
- ☐ N/A

### Critical Supplies Location (e.g., First Aid Kit, Spill Kit)

 [Set My Current Location](#)



### Distance to Emergency Shut-Offs (feet)

Enter a number...

### Frequently Used Tools Easily Accessible?

- ☐ Yes
- ☐ No
- ☐ Partially

### Notes on Material Flow Optimization (if applicable)

Write something...

### Describe Any Adjustments Needed for Better Organization

Write something...

### Work Instructions Posted and Visible?

- ☐ Yes
- ☐ No
- ☐ N/A

## Shine (Seiso) - Clean and Inspect

Regular cleaning and inspection to maintain a clean workspace and identify potential issues early.

### Describe cleaning activities performed today (e.g., sweeping, wiping, degreasing)

Write something...

### Quantity of cleaning chemicals used (e.g., liters of degreaser)

Enter a number...

### Note any spills, leaks, or unusual substances found and reported.

Write something...

### Areas cleaned today (select all that apply)

- ☐ Workstations
- ☐ Floors
- ☐ Machinery
- ☐ Storage Areas
- ☐ Electrical Panels
- ☐ Lighting Fixtures

### Describe any abnormalities detected during inspection (e.g., worn belts, loose wires, unusual noises)

Write something...

### Number of broken or damaged tools identified.

Enter a number...

### Detail corrective actions taken for identified abnormalities.

Write something...

## Standardize (Seiketsu) - Maintain and Prevent

Creating and following standard procedures for Sort, Set in Order, and Shine, and preventing backsliding.

### Frequency of 5S Audits (days)

Enter a number...

### Audit Checklist Version

- ☐ Version 1.0
- ☐ Version 2.0
- ☐ Version 1.1
- ☐ Version 1.2

### Date of Last Standard Operating Procedure (SOP) Review

Enter date...

### Notes/Actions from Previous Audit & Resolution

Write something...

### Which areas require refresher 5S training?

- ☐ Machine Shop
- ☐ Assembly Line
- ☐ Warehouse
- ☐ Packing Area

### Audit Conducted By (Role)

- ☐ Supervisor
- ☐ Team Lead
- ☐ Internal Auditor
- ☐ External Auditor

### Contact person for 5S improvement

Write something...

## Sustain (Shitsuke) - Discipline and Self-Discipline

Reinforcing the 5S principles through training, audits, and consistent adherence.

### Frequency of 6S Audits (Weeks)

Enter a number...

### Audit Form Used?

- ☐ Standard Company Form
- ☐ Custom Form
- ☐ Not Applicable

### Date of Last 6S Training Session

Enter date...

### Briefly describe actions taken to address audit findings (if any)

Write something...

### Which of the following actions are performed to reinforce 6S?

- ☐ Regular Team Meetings
- ☐ Visual Management Boards
- ☐ Recognition Programs
- ☐ Poster Campaigns
- ☐ None

### Is 6S considered during new equipment/process introduction?

- ☐ Yes
- ☐ No
- ☐ Sometimes

### Name of 6S Champion / Coordinator

Write something...

### Comments or suggestions for improving the 6S sustainability program.

Write something...

## Safety - Hazard Identification & Control

Focusing on identifying and mitigating safety hazards within the manufacturing area to prevent accidents and injuries.

### Machine Guarding Integrity Score (1-10, 10=Perfect)

Enter a number...

### Potential Slip/Trip Hazards Present?

- ☐ Wet Floors
- ☐ Loose Cables
- ☐ Uneven Surfaces
- ☐ Obstructions in Walkways
- ☐ None
- ☐ Other (Specify in LONG\_TEXT)

If 'Other' selected in Slip/Trip Hazards, please specify:

Write something...

### PPE (Personal Protective Equipment) Compliance?

- ☐ Safety Glasses
- ☐ Hearing Protection
- ☐ Gloves
- ☐ Steel-toe Boots
- ☐ Respirator
- ☐ Other (Specify in LONG\_TEXT)
- ☐ Fully Compliant

If 'Other' selected in PPE Compliance, please specify:

Write something...

### Emergency Stop Functionality Checked?

☐ Yes

☐ No

☐ N/A

### Photograph of any safety concerns (if applicable)

 Upload File

### Date of Last Safety Training

Enter date...

### Location of nearest Fire Extinguisher

 Set My Current Location



### Name of person who inspected this section

Write something...