



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?

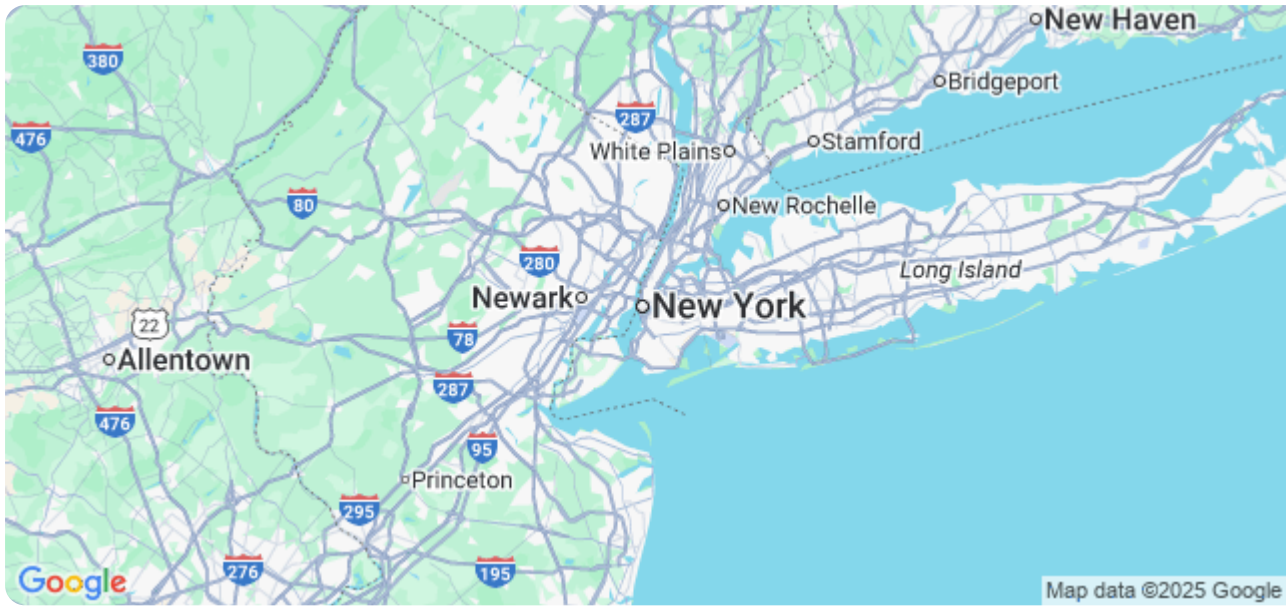
- Yes
- No
- N/A

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)

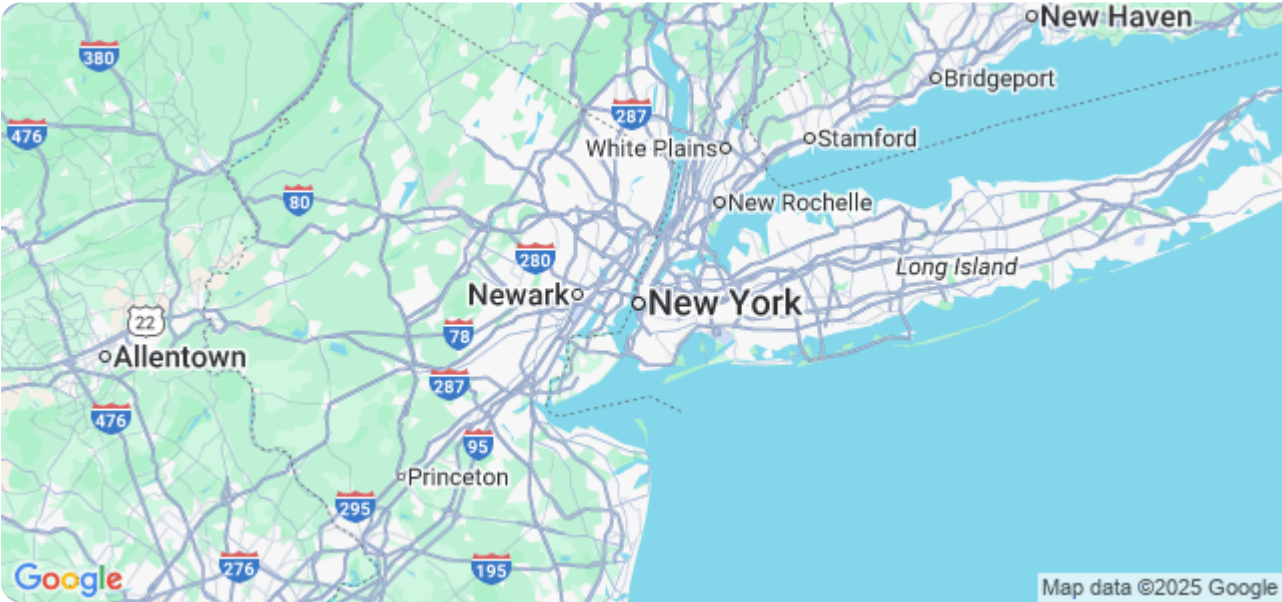
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Date of Last Safety Training

Enter date...

Location of nearest Fire Extinguisher

 Set My Current Location



Name of person who inspected this section

Write something...

