

## 8S (5S + Safety + Sanitation + Standardized Work) Checklist

## Sort (Seiri)

Eliminate unnecessary items from the work area. Identify and remove items that are not needed.

Write something	
What categories of items were removed?	
Obsolete Inventory	
☐ Broken Equipment	
Unused Tools	
Excess Materials	
Personal Items	
Other (Specify in LONG_TEXT)	
Number of items removed.	

Were items moved to a 'holding area' for potential reuse/disposal?  Yes  No
If 'Yes' to the previous question, describe the holding area and its purpose.
Write something
Was a 'Red Tag' system used for items being evaluated?
Yes
□ No
If 'Yes', describe how the red tag system was implemented and what criteria were used.
Write something
Date items were removed
Enter date

## **Set in Order (Seiton)**

Arrange necessary items in a logical and accessible manner. 'A place for everything, and everything in its place.'

Location of Tools	/Equipment (Distance in meters)	
Enter a number		
Clearly Marked Lo	ocation for Frequently Used Tools	
	Set My Current Location	
Shadow Boards U	leed for Tools?	
Yes	73cu 101 10013:	
No		
Are Tool/Equipme	ent Locations Clearly Marked?	
Yes		
No		

What visual aids are used for organization?  Color Coding Labeling Floor Markings Shadow Boards Other (Specify)
Describe any deviations from the defined layout and explain reasons
Write something
Photo of current layout (Optional)  L Upload File
Shine (Seiso) Clean the work area regularly. This includes equipment, floors, and work surfaces.
Overall Cleanliness Score (1-5, 5 being spotless)
Enter a number
Describe cleaning tasks completed today (e.g., machine cleaning, floor scrubbing, spill cleanup)  Write something

Areas cleaned today (check all that apply)  Machine Surfaces Floors Work Benches Equipment Casings Walls Storage Areas
Photo Evidence of Cleaning (Optional)       Upload File
Note any areas requiring further or more frequent cleaning.
Write something
Time spent on cleaning activities (in minutes)
Enter a number
Type of cleaning chemicals used (if applicable)  None Degreaser All-Purpose Cleaner Specialized Cleaner

## Standardize (Seiketsu)

procedures.	
Frequency of 5S Audits:  Daily Weekly Bi-weekly Monthly	
Time allocated for daily cleaning (minutes):	
Enter a number	
Photographs of standardized layouts (before/after)  Detailed description of the visual management system:  Write something	
Method for reporting 5S violations:  Verbal Report Written Form Online System	
Date of last 5S training session:	
Enter date	

Create and maintain standards for Sort, Set in Order, and Shine. Create visual cues and

Write something	
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uotoin (Ch	aitoul(a)
ustain (Sh	iitsuke)
intain and improv	ve the 5S standards. Reinforce discipline and continuous improvemen
Frequency of 5S	S Audits (Weeks)
Enter a number	
_ast 5S Training	y Date
Enter date	
Enter date	
	entified?
Enter date  5S Champion Id	entified?
5S Champion Id	entified?
5 <b>S Champion Id</b> Yes	lentified?
S Champion Id	lentified?  rrective Actions Needed (from previous audits)
S Champion Id	rrective Actions Needed (from previous audits)

Which of the following support mechanisms are in place?  Management Review Employee Recognition Regular Communication
Training Refresher Suggestion Box
Are audit results communicated to employees?  Yes No
Notes/Comments on Sustainment Efforts  Write something
Safety Assess and address potential safety hazards within the work area, related to equipment, processes, and materials. Focus on prevention.
PPE Availability (Count of Required Items)  Enter a number
Hazard Identification - Confined Spaces?  Yes No

Hazard Identification - Lockout/Tagout?	
Yes	
□ No	
Describe any observed safety hazards.	
Write something	
Distance from moving equipment (feet)	
Enter a number	
Emergency Stop functionality?	
Fully Functional	
☐ Partially Functional ☐ Not Functional	
Troct anotherial	
Last Safety Training Date	
Enter date	
Sanitation	
	Itlay ( )
Ensure cleanliness and hygiene to prevent contamination and maintain a hea environment. Focus on food safety, if applicable.	iiiiy work
Frequency of Cleaning (Days)	

Enter a number...

Areas Cleaned (Check all that apply)
Floors
Equipment Surfaces
Work Benches
Walls
Storage Areas
☐ Drainage Systems
Crosific Classing Asserts Head (List aborniagle and assertations)
Specific Cleaning Agents Used (List chemicals and concentrations)
Write something
Photos of Cleaning Procedure
♣ Upload File
Cis Opiodu File
Type of Waste Generated (Select best fit)
Organic
Chemical
General Waste
Hazardous Waste
Last Sanitation Inspection Date
Enter date
Lines dates

Any Issues/Corrective Actions Required	
Write something	
Pest Control Status	
Active	
Inactive	
Scheduled	
Standardized	Work
ocument and adhere t ficiency in operations.	o established procedures for all tasks. Ensure consistency and
Is a current Standa	d Operating Procedure (SOP) available for this process?
Is a current Standar  Yes	d Operating Procedure (SOP) available for this process?
	d Operating Procedure (SOP) available for this process?
Yes	d Operating Procedure (SOP) available for this process?
Yes No	d Operating Procedure (SOP) available for this process?
☐ Yes ☐ No ☐ Not Applicable	rd Operating Procedure (SOP) available for this process?  process being standardized.
☐ Yes ☐ No ☐ Not Applicable  Briefly describe the	
☐ Yes ☐ No ☐ Not Applicable	
☐ Yes ☐ No ☐ Not Applicable  Briefly describe the	
☐ Yes ☐ No ☐ Not Applicable  Briefly describe the  Write something	process being standardized.
☐ Yes☐ No☐ Not Applicable  Briefly describe the Write something	

Actual cycle time observed (minutes).	
Enter a number	)
Is the standardized work instructions readily accessible to all personnel?  Yes  No Partially	
Upload a copy of the Standardized Work Instruction (SWI) document.       Upload File	
Describe any deviations from the standardized work process observed.	
Write something	
Is training provided and documented for this standardized work?  Yes No Needs Update	