

LAYERED AUDIT CHECK SHEET

SYSTEM:

Date: _____

Shift: _____

Reviewer: _____

Supervisor/Mgr.: _____

Workstation: _____

Team Leader: _____

Section #1: WORK STATION SPECIFIC

PI	1	Is the team member using all the posted Personal Protective Equipment?	
	2	Is the Job rotation log present & up to date? (Employee Station Shift Information)	
	3	Has the team member been qualified to requirements of the job and is this documented? (operator certification/training)	
STD	4	Is the work station safe, neat, clean & orderly? (everything in it's place per work place organization standards, 5S-WPO)	
	5	Are all forms up to date at the workstation? (Standardized Work, Quality Alerts, etc..)	
	6	Is standardized work being followed as defined by the the Standardized Work Documents at Workstation, (LBS/PADS) and does the Team Member have a good understanding of the WHAT-HOW-Key-Points-Reasons WHY - minimum 3 cycles	
	7	Is the Pink Tag Process being used for ALL repairs?	
BIQ	8	Are the correct tools and gages present, in use and in Standardized Work?	
	9	Are the product quality standards clear, available & followed? (Boundary samples, etc.)	
	10	Does the team member know the quality standards of the job, key points & reasons for major steps?	
	11	Do you know what the customer concerns are? (What are the Q-stations checking for from your station)	
SLT	12	Are Team Members working ahead out of footprint? (check for parts accumulating on the floor, racks, etc.)	
	13	Are all process checks being performed & documented? (Error proofing, torque gun & scanner validation)	
	14	Are Defective parts located in clearly visible containers (Taped or painted red all the way around the container, clearly tagged)	
CI	15	Are the material flow racks, risers, lift & turn tables labeled with correct part numbers on the operator & aisle side and is the correct part in the container?	
	16	Check for MIN/MAX conformance & Is material being used in a FIFO (First In First Out) sequence?	
CI	17	Is the call for help (Andon) system working properly (e.g. station light, music, paging system, telephone, radio etc.)?	
	18	Are start up & end of shift checks defined and performed?	

Section #2: QUALITY SYSTEM SPECIFIC (CUSTOMER & PROCESS HIGH RISK ISSUES driven by the FAST RESPONSE REVIEWS)

BIQ	1		
	2		
	3		
	4		
	5		
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	7		
	8		
	9		
	10		

Section #3: MANUFACTURING SYSTEM SPECIFIC

PI	1	Are the flexibility charts up to date? (Training Matrix)		
	STD	2	Are the Layered Audits being performed by all levels of the organization?	
		3	Are work place organization standards being followed (e.g. all parts/tools/jigs in station have a designated space)?	
BIQ	4	Are the Operator Work Instructions (SOS/JES) up to date & followed?		
	5	Randomly Audit past closed PR&R for corrective action implementation (Document PR&R# _____)		
	6	Is material properly identified in the work area with suspect/non-conforming material isolated?		
	7	Are Fast Response meetings taking place and all records up to date?		
SLT	8	Does evidence (sign in sheet, data charts, etc) at the verification station board indicate that meetings are taking place as scheduled and that appropriate assignments / follow up is taking place?		
	9	Is FIFO (First In First Out) material management being followed?		
CI	10	Are the minimum/maximum direct material quantities in compliance?		
	11	Is the call for help (Andon) system implemented to achieve communication of manufacturing problems?		
	12	Do people respond accordingly to the escalation process, and are VS station Immediate Response Logs being used?		
	13	Are call for help (Andon) system data posted & utilized in the problem solving process?		
	14	Are Business metrics on the Shop Floor properly marked & up to date (specify area that was audited)?		
	15	Do Business metrics countermeasures correspond to red items and are they tracked & show appropriate follow up?		
	16	Are problem solving forms posted, has team developed corrective actions & do forms show appropriate follow up?		
	17	Are layered audit results incorporated into the layered audit countermeasure process?		

Comments	No.		

- Grey boxes denote questions to be asked of Team Members

Supervisor/Mgr. Review and sign off - _____ Date: _____

PI - People Involvement, STD - Standardization, BIQ - Built-In-Quality, SLT - Short Lead Time, CI - Continuous Improvement

When **X** items are identified place a Letter '**X**' next to the Question and on the "Results Sheet" for Countermeasure

Rating: - Meets Standard - Deviation found N/A - Not Applicable Total Deviations: _____