

Facility Review Checklist

Manufacturing

AUDIT VERIFICATION

Signature of the Auditor

SIGNATURE

Signature of the Auditee

SIGNATURE

PROCESS CONTROL CHECK

Was there availability of all the necessary documents and standards?

Ok

Low

Min

Max

High

Were updated process manuals available?

Ok

Low

Min

Max

High

Were updated Visual aids available?

Ok

Low

Min

Max

High

Were calibrated Gauges and Tools available?

Ok

Low

Min

Max

High

Were Legible FPF forms available?

Ok

Low

Min

Max

High

Was the 1st piece approval and start of the shift setup properly conducted?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Before starting the 1st run of the machines, were all checkpoints completed?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Before starting the run of the machines, were all the necessary processes and product completed and signed?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Was a correctly stamped first piece approval part available?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Did the process in control comply with the set standards or process parameters?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Was the process set up as the work order/WI?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Was an updated and a duly signed work order available?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Were updated SPC charts available and where necessary actions taken on deviations?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Were updated and duly signed FPF documents available?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Was the FPF performance being checked regularly?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Was all the necessary information posted on the process performance boards?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Was a FPF 5P Audit carried out?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Was a recent and a completed FPF audit checklist available?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Was an updated FPF performance chart available?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Was necessary action taken on Non conformance and was it communicated?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Were all the details of customer complaints shared with the operators and were action taken against them?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Was a current quality alert posted?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Was there availability of all the necessary documents and standards?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Were the actions taken based on the actions which had been documented?

Ok

Low

Min

Max

High

REMEDIAL CHECK

Please elaborate on the actions taken.

Please mention the name of the person by whom the action was taken.

Please mention the date

DATE

2017-01-01

Please elaborate on the actions taken.

Please mention the name of the person by whom the action was taken.

Please mention the date

DATE

2017-01-01

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2017-01-01

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Please mention the name of the person by whom the action was taken.

Please mention the date

DATE

2017-01-01

SAFETY STANDARDS

Were the operators functioning in a safe and a healthy work environment?

Ok

Low

Min

Max

High

Did you notice any spilled hazardous materials or liquids?

Ok

Low

Min

Max

High

Was the Combustible scrap, debris and waste stored safely and removed?

Ok

Low

Min

Max

High

Was the work area adequately illuminated?

Ok

Low

Min

Max

High

Was the machinery being operated properly guarded and secured to prevent injuries to operators?

Ok

Low

Min

Max

High

Was the Power shut-off switch within reach of the operator's position?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Were the Foot-operated switches properly guarded to prevent accidental actuation?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Were the Emergency stop buttons colored red and working properly?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Were the Moving chains and gears properly guarded?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Were safe working practices being followed in terms of chemical exposure?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Were the operators provided with Eye wash fountains and safety showers?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Were all the containers, such as vats, storage tanks, etc., properly labeled?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Were all members seen using relevant PPE?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Did you observe any food items being consumed in the workplace?

☐ Ok ☐ Low ☐ Min ☐ Max ☐ High

Were the operators protected against the necessary safety risks in the workplace?

Ok

Low

Min

Max

High

Were the floor and wall openings properly guarded?

Ok

Low

Min

Max

High

Were the forklifts, vehicles and warning horns being used by trained personnel?

Ok

Low

Min

Max

High

Were the operators seen wearing a proper hearing protective equipment?

Ok

Low

Min

Max

High

Were the spray machines seen placed in a adequately ventilated area?

Ok

Low

Min

Max

High

Were the aisles and passageways kept clear, marked appropriately and wet surfaces covered with non-slip materials?

Ok

Low

Min

Max

High

Was all the machinery or equipment blocked or locked-out during cleaning, servicing, adjusting or setting up operations, or whenever required?

Ok

Low

Min

Max

High

Was the Lockout tag easily accessible?

Ok

Low

Min

Max

High

Were the safety job procedures established and rigidly being followed?

Ok

Low

Min

Max

High

WORK AREA MANAGEMENT

Was the work place seen properly organized?

Ok

Low

Min

Max

High

Was any unneeded equipment, tools or furniture seen?

Ok

Low

Min

Max

High

Were any unneeded items seen placed on walls or bulletin boards?

Ok

Low

Min

Max

High

Did you see any unnecessary items present in the aisle ways, stairways, or corners?

Ok

Low

Min

Max

High

Did you see any unneeded inventory, supplies, parts, or materials?

Ok

Low

Min

Max

High

Did you see any chemicals, oils, machines etc lying unattended?

Ok

Low

Min

Max

High

Was the state of order of the work areas well maintained?

Ok

Low

Min

Max

High

Were the items correctly placed?

Ok

Low

Min

Max

High

Was the location of the Aisle ways, workstations and equipment properly indicated?

Ok

Low

Min

Max

High

Were the items put away immediately, after being used?

Ok

Low

Min

Max

High

Were the Height and quantity limits properly marked?

Ok

Low

Min

Max

High

Were all the work areas properly clean?

Ok

Low

Min

Max

High

Was the staff looking for ways to keep the work area clean and well organized?

Ok

Low

Min

Max

High

Were the floor, walls, surfaces and stairs clean and dirt free?

Ok

Low

Min

Max

High

Was all the equipment clean and free dirt?

Ok

Low

Min

Max

High

Was the accessibility of cleaning material easy?

Ok

Low

Min

Max

High

Were all the signs, labels and lines clean and undamaged?

Ok

Low

Min

Max

High

Did you observe any other cleaning issue?

Ok

Low

Min

Max

High

Were all the necessary work standards being followed with proper aid?

Ok

Low

Min

Max

High

Was all the necessary information easily available?

Ok

Low

Min

Max

High

Did all the cleaning and maintenance jobs have the necessary checklists?

Ok

Low

Min

Max

High

Could all limits and quantities be easily recognized?

Ok

Low

Min

Max

High

WORK STANDARD

Please confirm the information which was available with the work standard?

☐

Cycle time

☐

Machine Layout

☐

Order of Operations

☐

Work Sequence of the Operator

☐

Quality Checks

☐

Safety Precautions

☐

Trained Operator

Was the work being performed by the operator in compliance to the STD work instruction?

Ok

Low

Min

Max

High

Was the sequence of the work activity in compliance to the STD instruction?

Ok

Low

Min

Max

High

Were the Devices / Tools / Machinery being used in a proper manner?

Ok

Low

Min

Max

High

Was the flow of the product continuous?

Ok

Low

Min

Max

High

Did you notice any issue with the material flow?

Ok

Low

Min

Max

High

Did you notice any pieces which were unfinished or were with imbalanced parts?

Ok

Low

Min

Max

High

Was the next process put on hold due to material issue?

Ok

Low

Min

Max

High

Please confirm if you found signs of any wastage?

☐ Transportation ☐ Overproduction ☐ Inventory ☐ Motion ☐ Waiting ☐ Over Processing ☐ Defects

☐ NA

Please elaborate, if options are selected in the above question

Was the performance tracked, maintained and were necessary actions taken incase of any deviation?

Ok

Low

Min

Max

High

Were downtime and hourly output sheets properly maintained?

Ok

Low

Min

Max

High

Was the actual performance in line with targets Internal PPM, FPF%, Productivity?

Ok

Low

Min

Max

High