

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

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Please mention the date

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2017-01-01

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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

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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

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Max

High

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

Ok

Low

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High

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

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

Were the Emergency stop buttons colored red and working properly?

Were the Moving chains and gears properly guarded?

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

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

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

Were all members seen using relevant PPE?

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

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