

5S AUDIT FEEDBACK FORM

Area Audited _____

Date _____

Auditor(s) _____

Score	Category	Comments (Specific items and locations)
	Sort	
	Straighten	
	Shine	
	Standardize	
	Sustain	
AREA OVERALL 5S SCORE (Sum of Totals divided by 5)		

Target Score for Area _____ (Target Scores established by area Manager)

Rating: Green ____ Yellow ____ Red ____ (Place X on Appropriate Line)
 (Target or Above) (Below Target) (Below Target >1)

We have discussed the above 5S audit findings and any areas (if applicable) where improvement(s) would enhance results.

Auditor _____

Manager _____