

5S AUDIT FEEDBACK FORM

UNIT AUDITED: _____ DATE OF AUDIT: _____

AUDITOR NAME(S): _____

AUDITEE NAME(S): _____

NAME OF LOCATION :		LOCATION : 01
STAGE	OBSERVATIONS	SCORE
SORT		
SET IN ORDER		
SHINE		
STANDARDIZE		

NAME OF LOCATION :		LOCATION : 02
STAGE	OBSERVATIONS	SCORE
SORT		
SET IN ORDER		
SHINE		
STANDARDIZE		

LOCATION(S)	TOTAL SCORE	AUDITOR COMMENTS

DEPARTMENT HEAD SIGN. : _____ LEAD AUDITOR SIGNATURE: _____