NAME OF COMPANY

FORMAT NO:

CLIT LOCATION & EQUIPMENT :	

MONTH	CLIT BY	CHECKED BY	SCHEDULED DATE	LEADER	Total Interval time(month)

Shedule Part					Actual Status																																				
Area & Location	Part	Stardard & Method	Tool	CLIT	Date - Done Job																																			Time	Resp.
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34		