



# The NTMA 6S Audit



Company: \_\_\_\_\_ .

**Our goal is to bring the U.S. machining work environment up to consistently world class.**

Class A Shop: 150-136, Class B Shop: 135-116, Class C Shop: 115-90, Class D Shop: Below 90

**All confirmed Class A shops will receive a 6S Excellence award.**

Score shop's percentage of compliance with each measure, 1=0%, 2=25%, 3= 50%, 4= 75%, 5= 95%-100%

**Sort:** Get rid of clutter. Separate out what is needed for the operations. Self 0-25-50-75-95 Review 0-25-50-75-95

1. Is the shop environment uncluttered?	1 2 3 4 5	1 2 3 4 5
2. Are all materials and tools stored neatly?	1 2 3 4 5	1 2 3 4 5
3. Are provisions and parts identified with status and properly stored?	1 2 3 4 5	1 2 3 4 5
4. Was employee 6S training provided and documented?	1 2 3 4 5	1 2 3 4 5
5. Are unnecessary personal belongings properly stored, away from public areas?	1 2 3 4 5	1 2 3 4 5

**Photo ideas: stored provisions and/or tooling, general overall shop**      **Sort Self Total: \_\_\_\_\_**      **Total: \_\_\_\_\_**

**Set-in-Order:** Have a place for everything and is everything in its place. Self 0-25-50-75-95 Review 0-25-50-75-95

1. Is the complete shop organized?	1 2 3 4 5	1 2 3 4 5
2. Are all work and storage areas defined and marked?	1 2 3 4 5	1 2 3 4 5
3. Are all tools required for the operation at hand?	1 2 3 4 5	1 2 3 4 5
4. Are shadow boards in use?	1 2 3 4 5	1 2 3 4 5
5. Are items put away after use?	1 2 3 4 5	1 2 3 4 5

**Photo ideas: identified storage, shadow boards, work area**      **Set-in-Order Self Total: \_\_\_\_\_**      **Total: \_\_\_\_\_**

**Shine:** Clean work areas and equipment. The best cleaning is not to need cleaning. Self 0-25-50-75-95 Review 0-25-50-75-95

1. Are the shop, office and rest rooms clean and presentable?	1 2 3 4 5	1 2 3 4 5
2. Are the walkways free of oil, coolant, debris and/or chips?	1 2 3 4 5	1 2 3 4 5
3. Is the shop well lit? (Task and general lighting)	1 2 3 4 5	1 2 3 4 5
4. Is the equipment cleaned and maintained?	1 2 3 4 5	1 2 3 4 5
5. Is the building well maintained?	1 2 3 4 5	1 2 3 4 5

**Photo ideas: walkways, outside of building, office shot, overall shotShine**      **Self Total: \_\_\_\_\_**      **Total: \_\_\_\_\_**

**Standardize:** Establish schedules and methods of performing the cleaning and organizing. Self 0-25-50-75-95 Review 0-25-50-75-95

1. Does each area have a schedule to perform maintenance?	1 2 3 4 5	1 2 3 4 5
2. Are the schedules adequate for the areas or machines?	1 2 3 4 5	1 2 3 4 5
3. Are the methods adequate for the areas or machines?	1 2 3 4 5	1 2 3 4 5
4. Are similar work areas, standardized?	1 2 3 4 5	1 2 3 4 5
5. Are trash bins, chips and scrap/recycle containers emptied on a regular basis?	1 2 3 4 5	1 2 3 4 5

**Photo ideas: similar work areas, chip storage areas**      **Self Total: \_\_\_\_\_**      **Total: \_\_\_\_\_**

**Sustain:** Audit and monitor the schedules. Stick to the rules. Self 0-25-50-75-95 Review 0-25-50-75-95

1. Are the maintenance and schedules audited?	1 2 3 4 5	1 2 3 4 5
2. Is there a system to display the audit results?	1 2 3 4 5	1 2 3 4 5
3. Is there any type of recognition system to reinforce the program?	1 2 3 4 5	1 2 3 4 5
4. Are the maintenance and schedules adequate to sustain results?	1 2 3 4 5	1 2 3 4 5
5. Are the programs discussed at key meetings?	1 2 3 4 5	1 2 3 4 5

**Photo ideas: displayed audit results, copy of maintenance schedule**      **Sustain Self Total: \_\_\_\_\_**      **Total: \_\_\_\_\_**

**Safety:** Are the areas safe? Self 0-25-50-75-95 Review 0-25-50-75-95

1. Are all potentially hazardous areas marked?	1 2 3 4 5	1 2 3 4 5
2. Is personal protective equipment in use, at all times where required?	1 2 3 4 5	1 2 3 4 5
3. Is OSHA information posted and up to date?	1 2 3 4 5	1 2 3 4 5
4. Is there adequate room between equipment, walkways and storage areas?	1 2 3 4 5	1 2 3 4 5
5. Participation in the NTMA Safety Award Program, (winner gets a 5)	1 2 3 4 5	1 2 3 4 5

**Photo ideas: marked hazard areas, shop shot**      **Safety Self Totals: \_\_\_\_\_**      **Total: \_\_\_\_\_**

Rev. 02

Sign & Date Below

Self Audit Total: \_\_\_\_\_

Review Total: \_\_\_\_\_

Self Audit Performed by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_