

KAIZEN - FORMS

AREA PROFILE
TARGET SHEET
ACTION ITEM LIST
KAIZEN WORKSHEET
EVENT SURVEY

Kaizen Event Area Profile

Team #: _____

Event Description:

Event Dates:

Preliminary Objectives:

Team:

Production Requirements (Takt Time):

Facilitator:

Consultant:

Process Information:

Current Situation and Problems:



Kaizen Event Target Sheet

Kaizen Event Name: _____

Date: _____

Department Name: _____

Takt Time: _____

	Baseline	Target	Improvement	Percent Change
Space				
Inventory				
Walking Distance				
Parts Transport Distance				
Throughput Time				
Cycle Time				
Volume Per Day				
Labor Requirements				
Productivity				
Changeover (Total)				
Schedule Attainment				
Safety Improvements				
Quality Improvements				

Remarks

Kaizen Rolling Action Item List

Team Number: _____

Date: _____

Page: _____ of: _____

Item No:	Description Of Problem	Counter Measures	Person Responsible	Due Date	% Complete	Date Complete
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Kaizen Implemented Worksheet

Kaizen Title: _____

Team : _____

Date : _____

Image Before Kaizen	Image After Kaizen

Description of Problem:	Description of Steps Taken:	Results:

Kaizen Event Survey

Name: _____
 Event: _____
 Date: _____

1). What did you learn?	

2). Were the objectives clear?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

3). Were the objectives important?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

4). Were you prepared?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

5). Was your team successful?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

6). Did you have fun?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

7). What would make it better?