

TPM - FORMS

**TPM BASE MEASURE
TPM RATING FORM
TPM RISK FORM
EQUIP. CONDITION
TOP 5 FAILURES
CRITICAL SPARES
DEFECT RECORD
OEE FORM**

TPM Base Measure

Measures	Before	After
5S Rating		
<u>Defects:</u>	<u>Found</u>	<u>Remaining</u>
Mechanical		
Electrical		
Safety		
Counter Measures		
Accessibility		
Total:		

Operator Checklist

Maintenance PM

Visual Displays

Spare Parts List

OEE

TPM Rating Form

Category	Item	Rating: 0 (Poor) - 5 (Operating Room)	Before	After
Main Equipment	1	Equipment is free of dirt, dust, excess oil, chips or debris		
	2	All nuts, bolts & equipment hold downs are tight		
	3	Everything attached to equipment is usable & working		
	4	All equipment covers and access panels are secure		
	5	Drive motors & pumps are clean & have filters		
Electrical	6	All wiring is properly coated & wire connections are good		
	7	Switches, displays & meters are clean, labeled & operable		
	8	Equipment console is clean & all indicator lamps work		
Lube	9	Sight glasses are labeled & properly filled		
	10	Lubrication & coolant lines have flow labels & no leaks		
	11	Grease fittings are clean & visible		
	12	Pressure gauges are labeled & operable		
Workplace	13	Operator work bench is not cluttered - tools or paperwork		
	14	Chip shields & covers are in place, operable & clean		
	15	All safety devices are clean, in place & operable		
	16	There are no spills or leaks on the floor		
	17	Work area is clean, swept & defined		
	18	Overhead lighting is good		
	19	Cutting tools & fixtures are neatly organized & labeled		
	20	Cleaning tools are labeled & located nearby		
	21	Only parts on the current work order are at the equipment		
Follow-up	22	There is a daily housekeeping schedule		
	23	Weekly housekeeping audits are in place		
	24	All relevant equipment information is current & visible		
	25	There is a daily Operator TPM checklist		

TPM Risk Form

Yes

No

- Is all guarding in place to prevent injuries, contain chips & coolant?
- Is there a need for secondary guarding?
- Are there moving parts, such as belts, shafts, chains, etc? Covered by fixed guards?
- Are removable sections of guards equipped with interlocks?
- Are periodic preventive maintenance inspections conducted?
- Do operators conduct daily visual inspection of the equipment?
- Is the equipment hazardous energy source inventory form, identifying energy types, isolating device, device location, etc., on the equipment?
- Is all auxiliary equipment, such as conveyors, feeders, augers, hoppers, grinders, indexing tables, etc., with moving parts, isolated & secured?
- Are all limit switches working?
- Is there a history of carpal tunnel, tendonitis, low back pain, etc., on this job?
- Is the operator required to work in a good ergonomic position?
- Is the lighting good?
- Has the noise level been measured?
- Are all pipes labeled with contents & the direction of flow?
- Are there any tripping hazards, such as loose floor blocks, uneven floor, etc., or slipping hazards, such as coolant/oil on the floor?
- Are operators aware of proper P.P.E. needed for the job?
- Is P.P.E. matrix available?
- Are all electrical wires free of cuts, frays, & undamaged?
- Are all electrical connections secured?

Be Aware of Your Surroundings!

Equip. Condition

Equipment #	Equipment Description	
Date -	Evaluated by -	Score
Reliability/Comments:		
Capability/Comments:		
General Condition:		
Appearance/Cleanliness:		
Ease of Operation:		
Safety/Environment:		
Comments:		

Top 5 Failures

Over the last 1
year of history

Defect

%

Solution

1

2

3

4

5

Percentage of Planned Maintenance:

Total Maintenance Downtime Hours:

OEE Form

Date _____

Equipment # _____ Description _____ Dept. _____ Observer _____

Start	End	Run	Idling & Hidden Loss				Breakdowns			Setup	Speed	Reject	Comments
From	To								Adj..	Loss			
Totals													