

# Kaizen FORMS



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# 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
<b>Space</b>				
<b>Inventory</b>				
<b>Walking Distance</b>				
<b>Parts Transport Distance</b>				
<b>Throughput Time</b>				
<b>Cycle Time</b>				
<b>Volume Per Day</b>				
<b>Labor Requirements</b>				
<b>Productivity</b>				
<b>Changeover (Total)</b>				
<b>Schedule Attainment</b>				
<b>Safety Improvements</b>				
<b>Quality Improvements</b>				

**Remarks**

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# 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?	

7). What would make it better?	

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"/>