5S Lean Manufacturing Gemba Walk Master Audit Template

1.0 Form Objective & Scope

This 5S Gemba Walk Master Audit Template is designed to systematically evaluate a work cell or department against the five pillars of 5S: Sort, Set in Order, Shine, Standardize, and Sustain. The audit ensures that the workspace is organized, clean, and standardized to support lean manufacturing principles, reduce waste, and improve safety and efficiency.

This form satisfies the requirements of a structured Gemba walk (management observation) and aligns with ISO 9001:2015 clause 7.1.3 (Infrastructure) and 7.1.4 (Environment for the operation of processes) as well as lean manufacturing best practices. It is intended for use by supervisors, team leads, or quality auditors on a weekly or monthly basis.

2.0 Administrative Details

Date of Gemba Walk: _____

Department / Work Cell: _____

Auditor Name: _____

Shift (Day / Afternoon / Night): _____

Area / Line Number: _____

3.0 Audit / Evaluation Matrix

☐ Pass ☐ Fail - All unnecessary items (tools, materials, debris) have been removed from the workstation (Sort).

☐ Pass ☐ Fail - Tools and equipment are stored in designated, clearly labeled locations (Set in Order).

☐ Pass ☐ Fail - Work surfaces, floors, and machinery are clean and free of oil, dust, or debris (Shine).

☐ Pass ☐ Fail - Visual management (shadow boards, labels, floor markings) is current and legible (Standardize).

☐ Pass ☐ Fail - 5S audit scores are posted and visible in the work area (Sustain).

☐ Pass ☐ Fail - Personal protective equipment (PPE) is stored correctly and accessible (Safety).

☐ Pass ☐ Fail - Waste bins (recycle, scrap, general) are properly labeled and not overflowing (Sort/Shine).

☐ Pass ☐ Fail - Standard work instructions are posted and legible at the point of use (Standardize).

☐ Pass ☐ Fail - No trip hazards, blocked aisles, or obstructed emergency exits (Safety/Set in Order).

☐ Pass ☐ Fail - Operators can explain the current 5S standard for their area (Sustain).

4.0 Corrective Actions & Development Plan

Identified Gap / Non-Conformance (Reference item number from Section 3.0): _____

Root Cause Analysis (Why did the gap occur?): _____

Corrective Action / Countermeasure (What will be done to fix it?): _____

Responsible Person: _____

Target Completion Date: _____

Status (Open / In Progress / Closed): _____

5.0 Sign-off & Authorization

Auditor Signature: _____ Date: _____

Area Supervisor Signature: _____ Date: _____

Date of Sign-off: _____ Date: _____