

# GEMBA WALK AUDIT CHECKLIST

Lean Operations | Floor Inspection | Continuous Improvement

Audit Date: \_\_\_\_\_ Auditor: \_\_\_\_\_ Area / Line: \_\_\_\_\_ Shift: \_\_\_\_\_

5S & WORKPLACE ORGANIZATION		✓ OK	✗ NOK	N/A	Notes / Observations
1	Are 5S standards (Sort, Set in order, Shine, Standardize, Sustain) visibly maintained in the work area?				
2	Are workstations organized and free from clutter or hazards?				
3	Are visual management tools (labels, instructions, dashboards) clear and up to date?				

SAFETY & COMPLIANCE		✓ OK	✗ NOK	N/A	Notes / Observations
4	Are safety controls (PPE, machine guards, emergency stops) actively used and accessible?				
5	Are operators following defined SOPs without deviation?				

EQUIPMENT & MAINTENANCE		✓ OK	✗ NOK	N/A	Notes / Observations
6	Is equipment operating within defined parameters without abnormal noise, vibration, or stoppages?				
7	Are maintenance issues identified, reported, and tracked properly?				

QUALITY & DEFECTS		✓ OK	✗ NOK	N/A	Notes / Observations
8	Are there visible signs of rework, defects, or quality issues?				
9	Are operators aware of their tasks, targets, and quality expectations?				

PROCESS FLOW & EFFICIENCY		✓ OK	✗ NOK	N/A	Notes / Observations
10	Are there any delays, bottlenecks, or idle time in the process flow?				
11	Is material flow smooth without unnecessary movement or waiting?				

CONTINUOUS IMPROVEMENT		✓ OK	✗ NOK	N/A	Notes / Observations
12	Is there evidence of continuous improvement actions being implemented?				

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13	Are previous audit findings or corrective actions closed effectively?				
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## AUDIT SUMMARY & SIGN-OFF

Total Items	Items OK (✓)	Items NOK (x)	N/A	Score (%)
13	_____	_____	_____	_____

### Key Observations / Immediate Actions Required:

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_____
_____
_____

<b>Auditor Signature:</b> _____ Name & Date	<b>Area Supervisor:</b> _____ Name & Date	<b>Next Review Date:</b> _____ Scheduled Date
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