**GEMBA Walk Checklist**

Area/Process of Review:

Date:

GEMBA Participants:

**Process**

|  |  |
| --- | --- |
| 1. Are the steps in the process clear?
 | [ ]  Yes   [ ]  No    |
| 1. Does the process take a reasonable amount of time to complete?
 | [ ]  Yes   [ ]  No    |
| 1. Are there any noticeable bottlenecks?
 | [ ]  Yes   [ ]  No    |
| 1. Does the current process result in the desired outcome?
 | [ ]  Yes   [ ]  No    |

Areas of Improvement:

**Equipment**

|  |  |
| --- | --- |
| 1. Do workers have all the tools they need to complete the task safely?
 | [ ]  Yes   [ ]  No    |
| 1. Is equipment in working order?
 | [ ]  Yes   [ ]  No    |
| 1. Has the equipment been inspected within the past month?
 | [ ]  Yes   [ ]  No    |
| 1. Are all emergency stops visible and functional?
 | [ ]  Yes   [ ]  No    |
| 1. Are spare tools, equipment, and materials present and accessible?
 | [ ]  Yes   [ ]  No    |
| 1. Are there any visibly unsafe, damaged, or broken parts that need replacing?
 | [ ]  Yes   [ ]  No    |

Areas of Improvement:

**Safety**

|  |  |
| --- | --- |
| 1. Does the workstation setup allow for proper ergonomics?
 | [ ]  Yes   [ ]  No    |
| 1. Are there any trip hazards inherent to the layout of the area?
 | [ ]  Yes   [ ]  No    |
| 1. Are workers using the 5S storage locations?
 | [ ]  Yes   [ ]  No    |
| 1. Are cables properly managed with no loose wires and cords creating potential trip, electrical, or fire hazards?
 | [ ]  Yes   [ ]  No    |

Areas of Improvement:

**Quality**

|  |  |
| --- | --- |
| 1. Are all individuals and teams following the proper process steps to ensure product quality?
 | [ ]  Yes   [ ]  No    |
| 1. Is there an area of the process that is creating a consistent quality issue?
 | [ ]  Yes   [ ]  No    |
| 1. Are quality issues frequent?
 | [ ]  Yes   [ ]  No    |

Areas of Improvement: