**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: