

# Kaizen

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Describe turnback issues:**

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**Which of the 9 wastes is present?**

Defects: \_\_\_\_\_

Overproduction: \_\_\_\_\_

Waiting: \_\_\_\_\_

Non-value added processing: \_\_\_\_\_

Transportation: \_\_\_\_\_

Inventory excess: \_\_\_\_\_

Motion/Searching: \_\_\_\_\_

Employee genius underutilized: \_\_\_\_\_

SAFETY

**Root Cause:**

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

Why? \_\_\_\_\_

**Proposed Solution:**

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**Improvement Criteria (Must meet at least one of these criteria)**

- ☐ Safe
- ☐ Higher Quality
- ☐ Simpler
- ☐ Faster