
		SITE/CI/--/ 0166 Rev-01		<h1>CREACTION</h1>								
CREATORS DETAILS										Date:		
S.No.	Employee ID	Employee Name			Signature			Phone no.				
1												
2												
3												
Creation Type (S,Q,C,D,5S,Ergonomics):					S	Q	C	D	5S	ERGONOMICS		
Project :		EPU Name :		Autonomous Team:			Shop :		Dept :			
Work Station :		EPU Sign:										
<u>Present State:</u> 												
<u>Issue:</u> 												
<u>Idea:</u> 												
<u>Benefits :</u> 												
<u>Cycle Time:</u>		Before / After				<u>Spent Time:</u>		Before / After				
	/.....Hours					/.....Hours				
TO BE FILLED BY THE VALIDATION COMMITTEE												
KAIZEN CATEGORY		KAIZEN RESPONSIBLE PIC DETAIL			FEASIBLE:(YES/NO)				NOTE:- CT/ST/PT , TO BE VALIDATE BY INDUS AND MENTION BELOW ACTUAL SAVED AMOUNT OF HOURS		CATEGORY WISE SCORING AS PER POLICY	
SMALL(0-3 Day)-AT		ASIGNED ON	OWNER	DOMAIN	IMPLEMENTATION DA							
MEDIUM(4-15 Day)-L1					VALIDATION DATE:							
LARGE(16-30 Day)-L2					VALIDATED BY:							
SPENT TIME - VALIDATION SCORE CRITERIA					PROCESS TIME - VALIDATION SCORE CRITERIA							
Hours Improvement	Score			Hours Improvement	Score			CT BEFORE		SAFETY		
	Small	Medium	Large		Small	Medium	Large	CT AFTER		QUALITY		
1% to 10%	15	10	5	1% to 10%	25	20	15	ST BEFORE		COST		
11% to 20%	25	20	10	11% to 20%	30	25	20	ST AFTER		DELIVERY		
21% to 30%	40	30	25	21% to 30%	40	30	25	PT BEFORE		5S		
>30%	50	40	30	>30%	50	40	30	PT AFTER		ERGONOMICS		
<u>Remarks-</u> 										FINAL SCORE		
Validation Committee Signature:	DEPT	PRODUCTION		INDUS		QUALITY						
	NAME											
	SIGN											