8D Problem Solving Checklist

Symptom Description: _____   **Part No.:** _____

Source of Complaint: _____   **Date:** _____

D0 - Prepare for the 8D Process	Yes	No	N/A	Comments
1 The necessity for Emergency Response Actions has been evaluated?				
2 If an Emergency Response Action was taken, it has been verified?				
3 If an Emergency Response Action was taken, it has been validated?				
4 The symptom(s) has been defined and quantified?				
5 The 8D customer(s) who experienced the symptom(s) and, if appropriate, the affected parties, have been identified and notified?				
6 Measurements taken to quantify the symptom(s) demonstrate that a performance gap exists AND/OR that priority (severity, urgency, and growth) of the symptom warranted initiation of the 8D process?				
7 The cause of the problem is unknown?				
8 Management is committed to dedicate the necessary resources to fix the problem at the root cause level and to prevent recurrence?				
9 Symptom complexity exceeds the ability of one person to resolve the problem?				
10 The new 8D will not duplicate an existing 8D?				
11 Measurables have been reviewed?				
12 The need for a service action has been determined?				

The 8D Process will be initiated for this concern   Yes / No

If Yes, a Project Lead has been assigned   Yes / No

_____   _____

Management Representative Approval   Date

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	D1 - Establish the Team	Yes	No	N/A	Comments
1	Are the people affected by the problem represented on the team?				
2	The Champion of the team has been identified?				
3	The Team Leader has been identified?				
4	Is the team large enough to include all necessary input, but small enough to act effectively?				
5	Does the team membership reflect the problem's current status?				
6	Do the team members agree on the membership?				
7	Adequate team building has been done to build relationships with team members?				
8	The need for a facilitator to coach the process and manage team consensus has been considered?				
9	Special skills or experience that the team will require is available?				
10	The team's goals and membership roles have been clarified?				
11	All individual members agree with and understand the team's goals?				
12	The team has sufficient decision-making authority to accomplish its goals?				
13	Preparation is adequate to help team members focus on the team's activities?				
14	Meeting agendas have been prepared and the team is informed of each meeting's agenda?				
15	A regular team meeting time and place is established?				
16	The team meeting room is user-friendly?				
17	Communication plans have been developed for both internal and external team information?				
18	The 8D Report has been updated?				

The 8D project has been approved to proceed to the next phase of the process   Yes / No
(All checklist items have been answered with a Yes or N/A response)

Action plans are in place to allow the project to proceed to the next phase.   Yes / No

_____   _____
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D2 - Describe the Problem	Yes	No	N/A	Comments
1 The question "What's wrong with what?" has been answered?				
2 Repeated Why's were used asking the question "Do we know for certain why this is occurring"?				
3 A specific problem statement has been defined (object and defect)?				
4 I s/Is Not Analysis has been performed (what, where, when, how big)?				
5 Prior experience has been considered to determine if this problem has appeared before?				
6 The current process flow has been identified?				
7 Changes from the original process flow, if any, have been evaluated?				
8 Process detail has been reviewed to determine where this problem first appears?				
9 The engineering system design has been studied and system delivery, system function and interactions between components in the system are understood?				
10 Problem pattern(s) have been considered/evaluated?				
11 Similar components and/or parts have been reviewed for the same problem?				
12 All required data has been collected and analyzed?				
13 The affect of the ERA on the data has been evaluated?				
14 Physical evidence of the problem has been obtained?				
15 A Cause & Effect Diagram has been completed?				
16 Determination has been made as to whether this problem describes a "something changed" or a "never been there" situation?				
17 The problem description has been confirmed as to what the customer(s) and/or affected party(s) are experiencing?				
18 The necessity of reviewing the problem with executive management has been evaluated?				
19 Consideration has been made for setting aside financial reserves?				
20 Moral, social, or legal obligations related to this problem have been considered?				
21 All changes are documented (e.g., FMEA, Control Plan, Process Flow)?				
22 The team composition has been reconsidered?				
23 Measurables have been reviewed?				
24 The need for a Service Action has been determined?				
25 The 8D Report has been updated?				

The 8D project has been approved to proceed to the next phase of the process   Yes / No
(All checklist items have been answered with a Yes or N/A response)

Action plans are in place to allow the project to proceed to the next phase.   Yes / No

_____   _____
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Source of Complaint: _____   **Date:** _____

D3 - Develop Interim Containment Action (ICA)	Yes	No	N/A	Comments
1 Were the Interim Containment Actions verified for effectiveness prior to implementation?				
2 Have the Interim Containment Actions been validated?				
3 Actions are being monitored while being used				
4 Do interim containment actions include identification and segregation of all product in all possible location?(warehouse, in transit, on hold, WIP, etc.)				
5 Do interim containment actions include an acceptable method of identification of product?				
6 All changes are documented (e.g., FMEA, Control Plan, Process Flow)?				
7 The team composition has been reconsidered?				
8 Measurables have been reviewed?				
9 The 8D Report has been updated?				

The 8D project has been approved to proceed to the next phase of the process   Yes / No
(All checklist items have been answered with a Yes or N/A response)

Action plans are in place to allow the project to proceed to the next phase.   Yes / No

_____   _____
Management Representative Approval   Date

8D Problem Solving Checklist

Symptom Description: _____   **Part No.:** _____
Source of Complaint: _____   **Date:** _____

D4 - Define and Verify Root Cause and Escape Point	**Yes**	**No**	**N/A**	**Comments**
1 The factual information in the problem description (Is/Is Not) has been updated?				
2 Differences unique to the Is when compared to the companion Is Not have been identified?				
3 For a "Change-Induced" problem, changes in or around the difference have been uncovered?				
4 The theories developed have been tested against all the facts at D2?				
5 The most Likely Cause accounts for all the facts at D2?				
6 The Root Cause was verified passively and actively?				
7 All changes are documented (e.g., FMEA, Control Plan, Process Flow)?				
8 The team composition has been reconsidered?				
9 Measurables have been reviewed?				
10 The 8D Report has been updated?				

The 8D project has been approved to proceed to the next phase of the process   Yes / No
(All checklist items have been answered with a Yes or N/A response)

Action plans are in place to allow the project to proceed to the next phase.   Yes / No

_____   _____
Management Representative Approval   Date

8D Problem Solving Checklist

Symptom Description: _____   **Part No.:** _____

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D5 - Choose & Verify Permanent Corrective Actions (PCAs) for Root Cause and Escape Point	Yes	No	N/A	Comments
1 Criteria has been established for choosing a PCA for root cause and escape point? (Cost, Timing, Complexity, Resources, etc.)				
2 The Champion agrees with the PCA criteria?				
3 The right experience is on the team to choose the best PCA?				
4 A full range of alternatives have been considered for the PCA?				
5 The features and benefits for the perfect choice have been preserved?				
6 Risks associated with this decision are being managed?				
7 The Champion concurs with the PCA selection?				
8 Evidence (proof) exists that these actions will resolve the problem at the root cause level? (PCA Verification)				
9 Verification methods made allowances for variations in the frequency (or patterns) created by the cause?				
10 Verification methods evaluated the PCA over the full range of production variation and operating conditions?				
11 A Risk Analysis was performed on the PCA selected?				
12 The customer and affected parties were consulted on the selected PCA (if required)				
13 The ICA will continue to be effective until the PCA can be implemented?				
14 Departments/other organizations that need to be involved in the planning and implementation of this PCA have been?				
15 Actions have been considered that will improve the ICA prior to PCA implementation?				
16 All changes are documented (e.g., FMEA, Control Plan, Process Flow)?				
17 The team composition has been reconsidered?				
18 Measurables have been reviewed?				
19 The 8D Report has been updated?				

The 8D project has been approved to proceed to the next phase of the process   Yes / No
(All checklist items have been answered with a Yes or N/A response)

Action plans are in place to allow the project to proceed to the next phase.   Yes / No

_____   _____
Management Representative Approval   Date

8D Problem Solving Checklist

Symptom Description: _____ **Part No.:** _____

Source of Complaint: _____ **Date:** _____

D6 - Implement and Validate Permanent Corrective Actions (PCAs)	Yes	No	N/A	Comments
1 The need for PCA implementation support from other departments/organizations has been evaluated?				
2 Representatives of those departments/other organizations are on our team to plan and implement the PCA?				
3 Consideration was made to the need for customer and/or supplier involvement and the responsible parties identified. (if required)				
4 An action plan has been defined (responsibilities assigned; timing established; required support determined)?				
5 Consideration (Problem Prevention Planning) has been given to what could go wrong for each step of the plan and what can be done to prevent these troubles from developing? Contingency Plans have been developed				
6 The trigger (date or event) for the contingent actions has been identified?				
7 Progress to the PCA plan until completion is being effectively monitored?				
8 Included in the plan is a date when the ICA will be removed?				
9 The plan has been communicated to those that have a need to know?				
10 Training required for plan implementation has been determined?				
11 The Champion agrees with the plan?				
12 Measurable(s) have been identified for validating the outcome of the PCA (pre-customer and customer)?				
13 Validation measurables have proven that the unwanted effect has been totally eliminated?				
14 Long – term results are continuing to be monitored?				
15 The customer has provided confirmation that the PCA is effective?				
16 All changes are documented (e.g., FMEA, Control Plan, Process Flow)?				
17 The team composition has been reconsidered?				
18 Measurables have been reviewed?				
19 The 8D Report has been updated?				

The 8D project has been approved to proceed to the next phase of the process   Yes / No
(All checklist items have been answered with a Yes or N/A response)

Action plans are in place to allow the project to proceed to the next phase.   Yes / No

_____   _____
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Symptom Description: _____ **Part No.:** _____

Source of Complaint: _____ **Date:** _____

D7 - Prevent Recurrence	Yes	No	N/A	Comments
1 How and where this problem entered the process has been identified?				
2 Why the problem occurred there and why it was not detected has been confirmed?				
3 We have considered whether confusion or lack of knowledge contributed to the creation of this root cause and/ or escape?				
4 Policies, methods, procedures and/or systems have been identified that allowed this problem to occur and escape?				
5 Individuals and/or organizations have been identified that are responsible for design improvements in any of the systems, policies, methods and/or procedures that resulted in this root cause and escape?				
6 The best way to trial run these improvements has been determined?				
7 Plans have been written to coordinate prevent actions and standardize the practice?				
8 The Champion concurs with the identified prevent actions and plans?				
9 A method for communicating to those affected by the changes in the new practice has been determined?				
10 Progress checkpoints have been identified to assess system improvements?				
11 The management policies, systems or procedures that allowed this problem to occur or escape and that are beyond the scope of the current Champion have been identified?				
12 Responsibility for these practices that are beyond the scope of the current Champion has been established?				
13 Appropriate technical lessons learned have been developed and submitted to the Lessons Learned database?				
14 All changes are documented (e.g., FMEA, Control Plan, Process Flow)?				
15 Measurables have been reviewed?				
16 The 8D Report has been updated?				

The 8D project has been approved to proceed to the next phase of the process   Yes / No
(All checklist items have been answered with a Yes or N/A response)

Action plans are in place to allow the project to proceed to the next phase.   Yes / No

_____   _____
Management Representative Approval   Date

8D Problem Solving Checklist

Symptom Description: _____   **Part No.:** _____

Source of Complaint: _____   **Date:** _____

D8 - Recognize the Team and Individual Contributions	Yes	No	N/A	Comments
1 The 8D report has been updated and published?				
2 All who have a need to know, including the customer, have been informed of the status of this 8D?				
3 The 8D report and attachments are retained in the historical file system?				
4 All current and past team members are being recognized?				
5 Significant contributions by individual team members have been identified?				
6 The opportunities have been evaluated to provide recognition from leader to team, team member to team member, team to leader, team to Champion?				
7 Different ways to communicate the recognition message have been considered?				
8 Contributions by non-team members to the 8D have been considered for recognition?				
9 Opportunities for team publicity considered (e.g., company newsletter)?				
10 The recognition satisfies the fit, focus, timely criteria?				
11 D8 is intended to be positive. The chance that it might backfire and turn into a negative has been considered and guarded against?				
12 Team process has been evaluated and lessons learned identified?				

The 8D project can be closed and the Team disbanded
(All checklist items have been answered with a Yes or N/A response)   Yes   /   No

_____   _____

Management Representative Approval   Date