

TURRET DEPARTMENT - DAYS		Week of:						OPERATOR		AREA LEADER		TOP MANAGEMENT	
THESE ITEMS ARE TO BE CHECKED: DAILY BY THE OPERATOR WEEKLY BY AREA LEADER WEEKLY BY TOP MANAGEMENT		M	T	W	T	F	S	RESOLUTION OR CORRECTIVE ACTION (IF REQUIRED)	W E E K	RESOLUTION OR CORRECTIVE ACTION (IF REQUIRED)	W E E K	RESOLUTION OR CORRECTIVE ACTION (IF REQUIRED)	
		PART #	AUDITED	PART #		AUDITED		PART #		AUDITED			
ITEM	Instructions: 'No' answers are to be <u>resolved immediately and documented</u> . Corrective Action Form F8.08 (found in this folder) should be issued to the responsible party as necessary. Auditor is to follow up and return completed C.A. to this folder for collection.												
	Operations:												
	1 Is the first piece off tagged and accessible at the work area?												
	2 Is the traveler, print, and if applicable process plan, available at the work area?												
	3 Have all inspections performed been properly documented in the process plan? (i.e. employee #'s, date, status, results) Missing or incorrect data could result in bad parts being shipped to the customer.												
	4 Has the Previous operation been completed (i.e. all inspections performed, documented and conforming)?												
	5 Are the correct containers being used if they are specified in the process plan or traveler?												
	6 Are parts being packed properly if specified in the process plan or traveler? (i.e. Quantity/Stacked)												
	7 Are containers dry and free of dirt, foreign materials and old labels?												
	8 Are all containers in the area <i>properly tagged with the part #, quantity and status of the parts</i> they contain?												
9 <i>Are any Poka-yoke (mistake proofing) techniques being used on this part during this process? If yes, are they working properly?</i>													
Work Environment:													
1 Is the department cleanliness and organization at an optimal level? If no, what can be done? (Resolve and document on the backside of this paper)													
2 Is the proper safety equipment being used? (i.e. safety goggles, hearing protection, gloves & proper shoes)													
3 Are all chemical containers in the area properly labeled?													
4 Have employees been trained or are they working under direct supervision? (Ask)													
Gages:													
1 Do all gages that are used to make a pass/fail decision contain a sticker for identification and a current due date? (i.e. calipers, micrometers, height gages, elcometer, digital protractor, ring gages, thread gages)													
2 Is there a check fixture or tooling aide being used on this part? If yes, ask the operator to demonstrate how to use it to ensure it is being used properly.													
Compliance:													
1 Have the required Layered Process Audits been completed so far this week?													
2 Does the operator understand what to check dimensionally? (Ask the question)													
3 If this is the last available LPA sheet?													
Auditor Initial													

Complies = Y Does Not Comply = N Not Applicable = N/A