

Kaizen Audit Form (30/60/90 Sustainment)

General Information

Kaizen Name:		Audit Timing (Days):	<input type="radio"/> 30 <input type="radio"/> 60 <input type="radio"/> 90
Process/Area:		Audit Date:	
Start Point:		End Point:	
Audit Team Leader:		Facilitator/Coach:	
Champion/Exec:		Area Leader:	
Audit Team Members:			

Sustainment Audit Questions (Outcomes • Standards • Control)

#	Question	30		60		90	
		Y	N	Y	N	Y	N
1	Standard Work is visible at point-of-use; latest version ID/date anchored in systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Observed use of the standard is consistent (sample ≥ 90% conformance); deviations trigger fixes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Training complete for all affected roles; backfill/new hires covered; qualifications current.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Process confirmation / LPAs executed per schedule; issues logged and resolved on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	KPI(s) meeting the target condition since event; trend stable or improving (no backslide).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Risk & safety mitigations verified; no negative side effects introduced by the change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Results Snapshot (Baseline → Follow-up)

Metric	Units	30	60	90

Detailed Action Plan (for any 'No')

Action	Owner	Due	Status/Notes

Comments

Sign-Offs

Champion/ Date:	Process Owner / Date:
Facilitator/Coach / Date:	Auditor / Date: