

|          | New | Assigned | In Process |      |      |      | Past Due | Review | Closed |
|----------|-----|----------|------------|------|------|------|----------|--------|--------|
|          |     |          | Wk 1       | Wk 2 | Wk 3 | Wk 4 |          |        |        |
| People   |     |          |            |      |      |      |          |        |        |
| Quality  |     |          |            |      |      |      |          |        |        |
| Delivery |     |          |            |      |      |      |          |        |        |
| Cost     |     |          |            |      |      |      |          |        |        |

People

|    |    |    |
|----|----|----|
| 1  | 2  | 3  |
| 4  | 5  | 6  |
| 7  | 8  | 9  |
| 10 | 11 | 12 |

Quality

|    |    |    |
|----|----|----|
| 1  | 2  | 3  |
| 4  | 5  | 6  |
| 7  | 8  | 9  |
| 10 | 11 | 12 |

Delivery

|    |    |    |
|----|----|----|
| 1  | 2  | 3  |
| 4  | 5  | 6  |
| 7  | 8  | 9  |
| 10 | 11 | 12 |

Cost

|    |    |    |
|----|----|----|
| 1  | 2  | 3  |
| 4  | 5  | 6  |
| 7  | 8  | 9  |
| 10 | 11 | 12 |

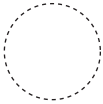
## Meetings Held:

|                 |     |     |     |     |
|-----------------|-----|-----|-----|-----|
| Mon             | Tue | Wed | Thu | Fri |
| _____ A M / P M |     |     |     |     |

### Owning Support Group

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_





Owing Support Group

ORIGINATOR: \_\_\_\_\_



Status

OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

REF. #: \_\_\_\_\_ SOURCE: \_\_\_\_\_

AREA: \_\_\_\_\_

**1) Detailed description of Safety Issue:**

Idea Validation



**2) Root Cause:**



See reverse side for Solution / Action Plan





**3) Solution / Action to be taken:**

Solution Validation

-----  
**4) Date to be completed by:** \_\_\_\_\_

*(Please initial)*

**OWNER:** \_\_\_\_\_ **ORIGINATOR:** \_\_\_\_\_

*Note: Sections 1, 2, 3 and 4 **MUST** be agreed upon by Owner and Originator.*

-----  
**5) Completion and Sign-off:**

Standard Work  
Documented

Completion Validation

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

Owner: \_\_\_\_\_

Originator: \_\_\_\_\_

**6 S I G M A**

Contact Owner for any additional documentation related to this Idea / Issue.

This card is not a controlled document.  
For reference only.

CI EC-1



6'



# Charter Automotive Continuous Improvement

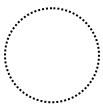
4'

38" tall

15.63" wide

| NEW | ASSIGNED | IN PROCESS<br>SHORT TERM |  | IN PROCESS<br>LONG TERM | PAST<br>DUE | REVIEW | CLOSED | Owner/Sponsor                                       |           |
|-----|----------|--------------------------|--|-------------------------|-------------|--------|--------|---|-----------|
|     | 5" wide  |                          |  |                         |             |        |        | <br>12" wide<br><br><br><br><br><br><br>15.63" wide |           |
|     |          |                          |  |                         |             |        |        |   | 3/16" gap |

40.75" wide



Owner/  
Sponsor  
Dept.

ORIGINATOR \_\_\_\_\_  
OWNER \_\_\_\_\_ DATE \_\_\_\_\_  
REF # \_\_\_\_\_ SOURCE \_\_\_\_\_  
AREA \_\_\_\_\_



3) Solution / Action to be taken:

Solution Validation

1) Detailed Description of Idea / Issue:

Idea Validation

2) Business case for Idea / Root Cause of Issue:

4) Date to be completed by: \_\_\_\_\_

*(Please initial)*

OWNER: \_\_\_\_\_ ORIGINATOR: \_\_\_\_\_

Note: Sections 1, 2 and 3 must be supported by project team.

5) Completion and Sign-off:

Standard Work  
Documented

Completion Validation

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

Owner: \_\_\_\_\_ (Signature)

Originator: \_\_\_\_\_ (Signature)

See reverse side for  
Solution/Action plan



Contact owner for any additional documentation related to this idea / issue  
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BW-5263

BW-5263

CI T-card, Charter Automotive

3/4/2020

5'

**YOUR  
LOGO**

# CONTINUOUS IMPROVEMENT

| NEW   | ASSIGNED | IN PROCESS |           | IN PROCESS | PAST DUE | REVIEW | CLOSED |
|-------|----------|------------|-----------|------------|----------|--------|--------|
|       |          | SHORT TERM | LONG TERM |            |          |        |        |
| _____ | _____    | _____      | _____     | _____      | _____    | _____  | _____  |
| _____ | _____    | _____      | _____     | _____      | _____    | _____  | _____  |
| _____ | _____    | _____      | _____     | _____      | _____    | _____  | _____  |
| _____ | _____    | _____      | _____     | _____      | _____    | _____  | _____  |
| _____ | _____    | _____      | _____     | _____      | _____    | _____  | _____  |
| _____ | _____    | _____      | _____     | _____      | _____    | _____  | _____  |
| _____ | _____    | _____      | _____     | _____      | _____    | _____  | _____  |
| _____ | _____    | _____      | _____     | _____      | _____    | _____  | _____  |

**OWNING SUPPORT**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

4'



White

Tan

Yellow

Blue

Green

Salmon

Aqua

Red

Gold

Violet

Grey

Pink

Hot Blue

Hot Cherry

Hot Lime

Hot Daffodil

Hot Fuchsia

Orange



# Greensboro Suggestion Program

NEW   ASSIGNED   IN PROCESS SHORT TERM   IN PROCESS LONG TERM   REVIEW   PAST DUE   CLOSED

OWNING SUPPORT

People/  
Safety

Quality

Delivery

Cost

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---

---

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NEW ASSIGNED IN PROCESS SHORT TERM IN PROCESS SHORT TERM IN PROCESS LONG TERM FIRST DUE NEXT DUE REVIEW CLOSED

SAFETY



QUALITY



PROCESS/  
LEAN



COST/  
EFFICIENCY



ORIGINATOR: \_\_\_\_\_

OWNER: \_\_\_\_\_

DATE: \_\_\_\_\_



(circle category)

REF. #: \_\_\_\_\_

SOURCE: \_\_\_\_\_



Status

Owning Support Group

AREA: \_\_\_\_\_

CONTINUOUS IMPROVEMENT

**1) Detailed Description of Idea / Issue**



Idea Validation

**2) Business Case for Idea / Root Cause of Issue**

See reverse side for Solution/Action plan



BW-0000

**3) Solution / Action to be taken:**



Solution Validation

**4) Date to be completed by:** \_\_\_\_\_

*(Please initial)*

OWNER: \_\_\_\_\_ ORIGINATOR: \_\_\_\_\_

*Note: Sections 1, 2 and 3 must be agreed upon by Owner and Originator*

**5) Completion and Sign-off:**



Standard Work Documented Completion Validation

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

Owner: \_\_\_\_\_ (Signature)

Originator: \_\_\_\_\_ (Signature)

Contact owner for any additional documentation related to this idea / issue  
This card is not a controlled document. For reference only.



Owning Support Group

ORIGINATOR: \_\_\_\_\_

OWNER: \_\_\_\_\_

DATE: \_\_\_\_\_

REF. #: \_\_\_\_\_

SOURCE: \_\_\_\_\_

AREA: \_\_\_\_\_



Status

# SAFETY

### 1) Detailed Description of Safety Issue:

### 2) Business case for Root Cause of Issue:

See reverse side for Solution/Action plan



BW-0000

### 3) Solution / Action to be taken:

Solution Validation

### 4) Date to be completed by: \_\_\_\_\_

*(Please initial)*

OWNER: \_\_\_\_\_ ORIGINATOR: \_\_\_\_\_

*Note: Sections 1, 2 and 3 must be agreed upon by Owner and Originator*

.....  
**5) Completion and Sign-off:**

Standard Work Documented    Completion Validation

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

Owner: \_\_\_\_\_ (Signature)

Originator: \_\_\_\_\_ (Signature)

Contact owner for any additional documentation related to this idea / issue  
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# Kimishibai Audit

Audit is completed by the Shift Supervisor or Team Lead.

- Verify previous shift's Housekeeping has been completed.
- Verify all issues from previous have been addressed.
- Verify your respective shift requirements have been completed.
- Verify all kimishibai cards indicate the current status.
- Verify kimishibai cards and board are in good repair.
- Take appropriate countermeasures for any noted discrepancies.
- Turn all previous shift cards **Red** as needed at the end of the week.
- Turn kimishibai audit card **Green** if there are no discrepancies.
- Turn kimishibai audit card **Red** if there are any discrepancies and note countermeasures on card.

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

Initials: \_\_\_\_\_

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

Initials: \_\_\_\_\_

# VISUAL COMFORT & Co.

## SAFETY AND CONTINUOUS IMPROVEMENT BOARD

### CATEGORIES

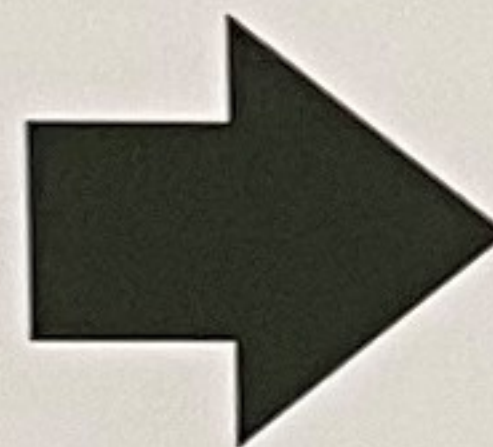
PEOPLE



QUALITY



VELOCITY



COST



NEW

ASSIGNED

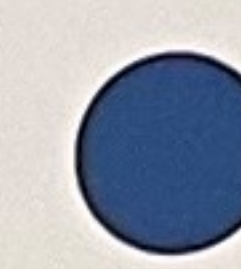
IN PROCESS  
SHORT TERM LONG TERM

PAST DUE

REVIEW

CLOSED

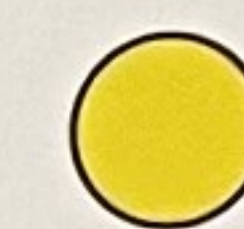
### OWNING SUPPORT



OPERATIONS  
MANAGEMENT



MAINTENANCE



HUMAN  
RESOURCES



QUALITY



ENGINEERING



SAFETY/  
ENVIRONMENTAL



VISUAL COMFORT & Co.  
www.visualcomfort.com