

# TOSHIBA

# Milwaukee Service Center

Department Level

New

Assigned

In Process

Wk 1

Wk 2

Wk 3

Wk 4

Past Due

Review

Closed

People



Quality



Delivery



Cost



## Meetings Held:

Mon Tue Wed Thu Fri

AM / PM

Owning Support Group





☐ Calligraphy  
☐ Calligraphy

CONTINUED ON PAGE 10

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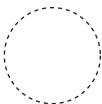
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\_\_\_\_\_



Owing  
Support  
Group

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



Status

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

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

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

## 1) Detailed description of Safety Issue:

☐ ☐ ☐

Idea Validation



## 2) Root Cause:

**CAT**® Production  
System

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 EG-1







6'



# Charter Automotive Continuous Improvement

38" tall

4'

15.63" wide

**NEW**

**ASSIGNED**

**IN PROCESS  
SHORT TERM**

**IN PROCESS  
LONG TERM**

**PAST  
DUE**

**REVIEW**

**CLOSED**

**Owner/Sponsor**

5" wide

12" wide

3/16" gap

15.63" wide

40.75" wide



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)

BW-5263

See reverse side for  
Solution/Action plan



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

BW-5263

CI T-card, Charter Automotive

3/4/2020



**YOUR  
LOGO**

## CONTINUOUS IMPROVEMENT

[illegible]

↑

↓



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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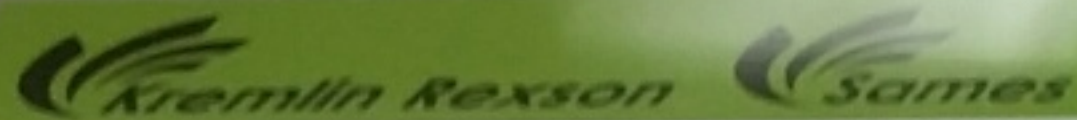
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# CONTINUOUS IMPROVEMENT

OWNER SUPPORT GROUP

NEW

ASSIGNED

IN PROCESS  
SHORT TERM

IN PROCESS  
SHORT TERM

IN PROCESS  
LONG TERM

PAST DUE

PAST DUE

REVIEW

CLOSED

SAFETY



QUALITY



PROCESS/  
LEAN



COST/  
EFFICIENCY





Owing  
Support  
Group

ORIGINATOR:

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

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



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

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

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



### 1) Detailed Description of Idea / Issue



Idea Validation

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

BW-0000

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 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

### 1) Detailed Description of Safety Issue:

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

BW-0000

See reverse side for  
Solution/Action plan



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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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.

# 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

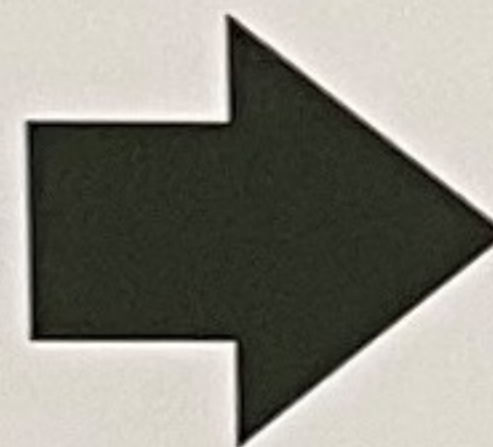
PEOPLE



QUALITY



VELOCITY



COST



NEW

ASSIGNED

IN PROCESS  
SHORT TERM LONG TERM

PAST  
DUE

REVIEW

CLOSED

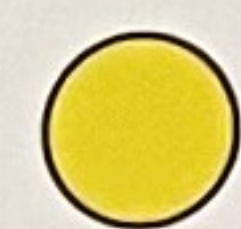
### OWNING SUPPORT



OPERATIONS  
MANAGEMENT



MAINTENANCE



HUMAN  
RESOURCES



QUALITY



ENGINEERING



SAFETY/  
ENVIRONMENTAL



RETRAY  
100-401-1000  
www.comfortinc.com