# 5S Corrective Action Plan

## Audit Scorecard

A 15-point compliance assessment for 5S gaps, root cause, action owner, due dates, before/after evidence, repeat issue tracking, and closure discipline

| | |
|---|---|
| **Dealer / Center Name** | |
| **Dealer Code** | |
| **Region / Zone** | |
| **Auditor Name** | |
| **Audit Date** | |
| **Cycle / Period** | |

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## How to Use This Scorecard

This scorecard evaluates 5S Corrective Action Plan compliance across 15 criteria grouped into 4 categories. For each criterion, circle a score from 1 (not in place) to 5 (fully embedded and sustained). Do not rate where you aspire to be — rate what you observe on the day.

## Score Scale

| Score | Level | What it means |
|---|---|---|
| 1 | **Not in place** | Standard does not exist or has never been implemented at this dealership. |
| 2 | **Attempted** | Some effort made but inconsistent — visible gaps remain in most areas. |
| 3 | **Defined** | Standard is documented and partially followed. Some areas compliant, others not. |
| 4 | **Managed** | Standard is followed consistently. Minor exceptions occur. |
| 5 | **Fully Sustained** | Fully embedded. Evidence of ongoing compliance between audits without prompting. |

## RAG Status Guide

| Status | Overall Score | Action |
|---|---|---|
| Green | 60–75 (80–100%) | Compliant. Maintain current standards. |
| Amber | 38–59 (50–79%) | Improvement required. Structured action plan within 30 days. |
| Red | 0–37 (0–49%) | Non-compliant. Priority intervention. Escalate to regional management. |

**AutoSmart Tip:** 5S corrective action plans fail most often when the correction treats the symptom rather than the root cause. An item returned to a temporary location for the audit, with no permanent home created, will reappear as a finding in the next cycle. The test of a well-designed corrective action is whether a new staff member could maintain the corrected standard without being told — if the fix requires ongoing individual discipline, it has not solved the underlying 5S design problem.

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## Scorecard

Circle a score 1–5 for each criterion. Record observations in the Notes column.

| No. | Criterion / Question | 1 | 2 | 3 | 4 | 5 | Notes |
|---|---|---|---|---|---|---|---|
| **5S GAP IDENTIFICATION & ROOT CAUSE** | | | | | | | |
| 1 | Is each 5S corrective action item clearly linked to a specific audit finding, with the zone, criterion, and score recorded alongside the action? | ○ | ○ | ○ | ○ | ○ | |
| 2 | Is a root cause statement documented for each action item — distinguishing between a one-time lapse (item out of place) and a systemic issue (no designated place exists for the item)? | ○ | ○ | ○ | ○ | ○ | |
| 3 | Are recurring findings (same gap appearing in the same zone across multiple audit cycles) classified as systemic and addressed at the process level rather than corrected zone by zone? | ○ | ○ | ○ | ○ | ○ | |
| 4 | Does the corrective action address the root cause — e.g., creating a designated location where none existed — rather than only restoring the item to a position it was temporarily returned to for the audit? | ○ | ○ | ○ | ○ | ○ | |
| **ACTION OWNER & DUE DATE** | | | | | | | |
| 5 | Is a named individual (not a zone or department) assigned as responsible for each corrective action, with that individual's name recorded in the action plan? | ○ | ○ | ○ | ○ | ○ | |
| 6 | Is a realistic due date set for each action, with quick fixes (replace a label, clean a surface) given short deadlines and structural changes (install a shadow board, mark a floor zone) given appropriate lead time? | ○ | ○ | ○ | ○ | ○ | |
| 7 | Are overdue actions flagged at the next management review, with reasons for delay documented and a revised date set — not silently rolled forward? | ○ | ○ | ○ | ○ | ○ | |
| 8 | Is the action plan visible to zone staff, not held only in a management document, so the team is aware of open actions in their area? | ○ | ○ | ○ | ○ | ○ | |
| **BEFORE/AFTER EVIDENCE & APPROVAL** | | | | | | | |
| 9 | Is a 'before' photograph taken at the time of the finding and a matching 'after' photograph taken from the same position after correction, retained as evidence of closure? | ○ | ○ | ○ | ○ | ○ | |
| 10 | Is closure evidence reviewed by the 5S auditor or zone leader before the action is accepted as closed — not self-certified by the responsible person alone? | ○ | ○ | ○ | ○ | ○ | |
| 11 | Are closed actions verified at the next audit visit to confirm the correction has been sustained, | ○ | ○ | ○ | ○ | ○ | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | rather than only reverified at the point of original closure? | | | | | | |
| **REPEAT ISSUE TRACKING & CLOSURE DISCIPLINE** | | | | | | | |
| **12** | Is a repeat issue flag applied to any finding that appeared in the previous audit cycle, triggering a higher-priority review and a more fundamental corrective action? | ○ | ○ | ○ | ○ | ○ | |
| **13** | Is repeat finding rate (percentage of current audit findings that also appeared in the prior audit) tracked as a KPI, with a reducing trend expected over successive cycles? | ○ | ○ | ○ | ○ | ○ | |
| **14** | Is the action plan reviewed in the management meeting on the same cycle as the 5S audit results, with closure discipline treated as equally important as audit score? | ○ | ○ | ○ | ○ | ○ | |
| **15** | Is there a defined consequence for persistent repeat findings — e.g., escalation to senior management review, increased audit frequency in the affected zone — that reinforces closure discipline? | ○ | ○ | ○ | ○ | ○ | |
| **OVERALL SCORE → / 75 = %** | | | | | | | |

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## Category Summary & RAG Status

Transfer category totals from the scorecard. Assign RAG status and record the priority action for each category.

| Category | Score | % | RAG | Priority Action |
|---|---|---|---|---|
| 5S Gap Identification & Root Cause | /20 | | | |
| Action Owner & Due Date | /20 | | | |
| Before/After Evidence & Approval | /15 | | | |
| Repeat Issue Tracking & Closure Discipline | /20 | | | |
| **OVERALL SCORE** | **/75** | | | |

## Sign-Off

| | |
|---|---|
| **Auditor Name** | |
| **Auditor Signature** | |
| **Date** | |
| **Operations Manager Name** | |
| **Operations Manager Signature** | |
| **Next Audit Date** | |

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# Action Plan Tracker

## 5S Corrective Action Plan — Gap Closure Framework

A structured four-stage workflow to assign, track, verify, and close 5S Corrective Action Plan non-compliances

| | |
|---|---|
| **Dealer / Center Name** | |
| **Dealer Code** | |
| **Region / Zone** | |
| **Audit Cycle / Period** | |
| **Tracker Owner (ASM / ZSM)** | |
| **Date Opened** | |
| **Target Close Date** | |

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## How to Use This Tracker

This tracker is designed to be completed immediately following a 5S Corrective Action Plan audit. Every non-compliance recorded must be logged here as an action item and progressed through all four stages before it is considered resolved.

## Four-Stage Workflow

| 1. PENDING | 2. IN PROGRESS | 3. COMPLETED | 4. APPROVED |
|---|---|---|---|
| Finding assigned. Owner & date set. | Work underway. Evidence being gathered. | Dealer submits evidence for review. | Auditor verifies and closes the item. |

## Stage Rules

| Stage | Actioned by | Required action | Evidence required |
|---|---|---|---|
| PENDING | ASM / Auditor | Assign a named responsible party. Set a close date. Log the non-compliance description. | No evidence required at this stage. |
| IN PROGRESS | 5S Corrective Action Plan / Dealer Team | Begin remediation. Update status. Upload progress evidence as work is completed. | In-progress photos, supporting documents, records. |
| COMPLETED | Operations Manager | Mark item complete and submit for review. Evidence must be attached before submission. | Photo of rectified item, signed procedure, supporting evidence. |
| APPROVED | ASM / ZSM / Auditor | Review evidence. Verify compliance on next site visit if required. Approve and close. | Auditor sign-off. Date of verification recorded. |

## Tracker Summary

Fill in after completing each audit cycle.

| Stage | Description | Count | Notes |
|---|---|---|---|
| PENDING | Not yet started | | |
| IN PROGRESS | Work underway | | |
| COMPLETED | Awaiting approval | | |
| APPROVED | Verified & closed | | |

**AutoSmart Tip:** With AutoSmart Audit, every non-compliance is automatically converted into an action item at the point of audit — with owner assignment, close dates, evidence upload, and a four-stage approval workflow built in. No spreadsheets. No manual follow-up.

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# Action Plan Tracker

Log every non-compliance from the audit below. Progress each item through all four stages before closure.

| STAGE — PENDING | | | | | | |
|---|---|---|---|---|---|---|
| **Ref** | **Non-Compliance / Gap Description** | **Category** | **Responsible Party** | **Target Date** | **Status** | **Evidence / Notes** |
| P-01 | | | | | | |
| P-02 | | | | | | |
| P-03 | | | | | | |
| P-04 | | | | | | |
| P-05 | | | | | | |
| P-06 | | | | | | |
| P-07 | | | | | | |
| P-08 | | | | | | |
| P-09 | | | | | | |
| P-10 | | | | | | |

| STAGE — IN PROGRESS | | | | | | |
|---|---|---|---|---|---|---|
| **Ref** | **Non-Compliance / Gap Description** | **Category** | **Responsible Party** | **Target Date** | **Status** | **Evidence / Notes** |
| I-01 | | | | | | |
| I-02 | | | | | | |
| I-03 | | | | | | |
| I-04 | | | | | | |
| I-05 | | | | | | |
| I-06 | | | | | | |
| I-07 | | | | | | |
| I-08 | | | | | | |

| STAGE — COMPLETED | | | | | | |
|---|---|---|---|---|---|---|
| **Ref** | **Non-Compliance / Gap Description** | **Category** | **Responsible Party** | **Target Date** | **Status** | **Evidence / Notes** |
| C-01 | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| C-02 | | | | | | |
| C-03 | | | | | | |
| C-04 | | | | | | |
| C-05 | | | | | | |
| C-06 | | | | | | |

| STAGE — APPROVED | | | | | | |
|---|---|---|---|---|---|---|
| **Ref** | **Non-Compliance / Gap Description** | **Category** | **Responsible Party** | **Target Date** | **Status** | **Evidence / Notes** |
| A-01 | | | | | | |
| A-02 | | | | | | |
| A-03 | | | | | | |
| A-04 | | | | | | |
| A-05 | | | | | | |
| A-06 | | | | | | |

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## Cycle Sign-Off

To be completed once all action items in this cycle are Approved. Both the Operations Manager and the Regional Auditor must sign.

| | |
|---|---|
| **Dealer Principal Name** | |
| **Dealer Principal Signature** | |
| **Regional Auditor / ASM Name** | |
| **Auditor Signature** | |
| **Date of Review** | |
| **Next Review Date** | |

## Cycle Notes

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|---|
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