



Date  
 M M D D Y Y  
  •   •    Day  
 Night  
 Craft Area Project Number

Employee / Team Member ID (Optional)

Company Code

Position

- Manager
- Supervisor
- Foreman
- Employee

Company Name (if no code)

First Name (Optional)

Last Name (Optional)

IMPACT OF CONSTRAINT  Daily  Weekly  Monthly  Occasionally

TYPE OF ISSUE  Preemptive Issue  Existing Issue

ALL COMMENTS MUST BE PRINTED IN BLOCK CAPITAL LETTERS

DESCRIBE THE CONSTRAINT/WASTE AND IMPACT

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RECOMMENDED COURSE OF ACTION

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use  not  not  (I) Internal / (E) External



S E L E C T   O N L Y   O N E

**CONSTRAINTS**

- 1.  I  E Coordination
- 2.  I  E Eng/Design
- 3.  I  E Owner Decision
- 4.  I  E Weather
- 5.  I  E Prerequisite Work
- 6.  I  E Labor
- 7.  I  E Materials
- 8.  I  E Contracts
- 9.  I  E Submittals

**8 WASTES**

- 10.  I  E Approvals
- 11.  I  E Equipment
- 12.  I  E RFIs
- 13.  I  E Site Conditions
- 14.  I  E Inspections
- 15.  I  E Poor Planning
- 16.  I  E Rework
- 17.  I  E Other
- 18.  I  E Over Production
- 19.  I  E Inventory
- 20.  I  E Waiting
- 21.  I  E Defects
- 22.  I  E Motion
- 23.  I  E Transportation
- 24.  I  E Not Utilizing Resources
- 25.  I  E Skills

**5 S's**

- 26.  I  E Sort
- 27.  I  E Set In Order
- 28.  I  E Shine
- 29.  I  E Standardize
- 30.  I  E Sustain

**SUPERVISOR COMMENTS**

Closed    Refer    Positive Recognition    Share

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PRODUCTION TIME LOST (to the nearest hour)  Material Waste