

CI PRODUCTION TEAM MEETING AGENDA/MINUTES FORM

TEAM: _____ **Month:** _____

	1st Meeting Date:	2nd Meeting Date:
	Time Began: _____ Time Ended: _____	Time Began: _____ Time Ended: _____
	Attendees:	Attendees:
	Absent:	Absent:
REVIEW LAST MTG MINUTES		
REVIEW METRICS	Report Current Results Month: _____	OK/ Not OK (Any metric that is NOT OK from previous month requires RC/CA)
CI Efficiency		<input type="checkbox"/> OK <input type="checkbox"/> Not OK
Visual Reporting Accuracy		<input type="checkbox"/> OK <input type="checkbox"/> Not OK
Internal PPM		<input type="checkbox"/> OK <input type="checkbox"/> Not OK
External PPM		<input type="checkbox"/> OK <input type="checkbox"/> Not OK – all customer complaints require an 8D
Scrap		<input type="checkbox"/> OK <input type="checkbox"/> Not OK
Accidents		<input type="checkbox"/> OK <input type="checkbox"/> Not OK
	Record Root Cause/ Corrective Action	

1 st Meeting		2 nd Meeting
Project Review Record discussion of open CI / 5S Projects, and brainstorm new projects. This does not replace PROJECT /5S List.	Action Items/ Assignments	Review Action List from 1st Meeting Discussion.
SAFETY ITEMS/ HAZARDS	Each Meeting	Each Meeting
BENCHMARK (other CI teams) Date: _____ ONCE QUARTERLY	Department Benchmarked: Share Best Practices: Share Observations: How does this department relate to your own?	
Other:	<input type="checkbox"/> Review Mission Statement Annually <input type="checkbox"/> Review Process Map <input type="checkbox"/> Submitted Quarterly Outstanding Project Application	