

Process Time Audit Form

Auditor Name: _____
Date: _____

Operation: _____
Operator: _____

Part Number: _____
Part Name: _____

Step	Process Step Name	Observation Number										Best Step Time	Worst Step Time	Notes
		1	2	3	4	5	6	7	8	9	10			
1														
2														
3														
4														
5														
6														
7														
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15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
Total Cycle Time														

Notes,
