THE F.O.D. CONTROL CORPORATION	Date:	Site/Facility:
	Time:	Area:
	Local FOD Manager:	Auditor:

FOD Program Assessment	Yes, No, or NA	Notes
Area Access / Training		
1 Have all applicable employees received FOD prevention traning as required by your organization?		
2 Are the FOD prevention areas clearly marked?		
3 Is the designated food and drink area clearly identified?		
4 Is the area controled in such a way that untrained employees are deterred from entry?		
Area Cleanliness		
5 Is the FOD prevention area organized per 6S Principles? (Sort, Straighten, Shine, Standardize, Safety, and Sustain.)		
6 Are Clean As You Go practices being employed to prevent FOD migration?		
7 Is overall cleanliness of the area appropriate to ensure products remain FOD-free?		
Product Protection		
8 Are product containers and fixtures clean and free of debris?		
9 Are FOD prevention devices (e.g. barriers, mats, etc.) used to protect products when appropriated?		
Object Control		
10 Are tools in good working order and toolboxes free of FOD?		
11 Are all tools controlled and traceable to their respective owner and/or container?		
12 Are all tools, consumables, and hardware properly stored and protected from becoming FOD?		
Documentation		
13 Are area metrics being recorded and maintained?		
14 Are records of housekeeping routines available and posted for all to see?		
15 Is the area FOD prevention plan available, current, and appropriate?		

Comments

Local Manager's Signature:	