

Reference #:

Process owner:

Leader/facilitator:

Note taker:

Revision #:

Date:

A3 Problem Solving

Problem Definition

Title		Scope (Location, area, line, department, boundaries, etc.)			
Process Name	Process Map Exist?	Start Date		Estimated Completion Date	
Problem Description (Initial condition)		Problem Category			
		<input type="checkbox"/> Quality	<input type="checkbox"/>	<input type="checkbox"/>	Waste and efficiency
		<input type="checkbox"/> Cost	<input type="checkbox"/>	<input type="checkbox"/>	Health and safety
		<input type="checkbox"/> Delivery	<input type="checkbox"/>	<input type="checkbox"/>	Customer satisfaction
		<input type="checkbox"/> Moral	<input type="checkbox"/>	<input type="checkbox"/>	Other
Goal (Target condition)		Expected Benefits (Hard savings and soft savings)			
Key Metrics (Include baseline and improvement goals)					

Additional documents can be attached to this form including before photos, drawings and a more detailed cost benefit analysis.

Attachments?

Cause Analysis

Cause and Effect (Brainstorming - Prioritize the causes)		5 Whys (Brainstorming - Ask, why did this occur?)			
		Why 1			
		Why 2			
		Why 3			
		Why 4			
		Why 5			
		Cause Analysis Summary (Prioritize in order of importance - % Contribution)			
Will addressing this cause(s) solve the problem permanently?					

Additional documents can be attached to this form including a more in-depth root cause analysis and the prioritization method used.

Attachments?

Countermeasures

Proceed with solving the problem?		List of Countermeasures and Quick Wins (Brainstorming - Relate to the root causes)				
Decision and Agreements (Explain the reasoning behind the decision)		Priority	Ease	Cost	Impact	Score
Solution Description						
Team Members						
Name	Role	Name	Role			
Implementation Plan (Implement countermeasures)						
Activity	Who?	Start Date	Due To	Status		

Additional documents can be attached to this form including a more detailed implementation plan.

Attachments?

Results

Improvement implemented?		Results verified?		Key Metrics		
Target achieved?		Can the solution be deployed?		Metric	Baseline	Goal
				Current	Variance %	
Result Summary (Including benefits obtained)						
Verification Comments (Assess countermeasures)				Follow-up Actions (sustaining actions to be taken - actions for establishing controls)		
				What?	Who?	When?
				Status		
Controls Required (SOP, training, audits, SPC charts, visual controls, mistake proofing, PM, etc.)						

Additional documents can be attached to this form including the after photos and the effect confirmation.

Attachments?

Signatures: Leader:Analyst:Process Owner:Closing Date: