

ets Process Control System Evaluation Checklist Form

Process Name: _____

Organization: _____

Process Control System Checklist							
Step	Checkpoints	Rating					Comments
		5	4	3	2	1	
General	1. The process has a name.						
	2. The process customers are listed.						
	3. The process purpose is listed						
	4. The process owner is listed.						
	5. The critical customer requirement(s) is listed.						
	6. A process flowchart has been developed which shows the process flow, key decisions, primary participants, and where the process starts and ends.						
	7. End of process outcomes (Q) measures have been identified which represent the appropriate outcome dimensions of quality, cost and timeliness.						
	8. In-process (P) measures have been identified which have been determined to be drivers of the Q measures.						
	9. The current sigma level (DPMO) is listed.						
P & Q Measures	For each Q and P measure listed:						
	10. The measure is properly named and numbered.						
	11. The measure has a control limit or specification target.						
	12. The checking item or method for calculating performance is shown.						
	13. The frequency for updating the measure's performance is noted.						
	14. Responsibility for checking the measure is shown.						
Overall	15. Contingency plans for addressing performance issues for the measure are shown.						
	16. The Process Control System (PCS) is approved by an appropriate level of authority.						
	17. The PCS is dated to represent the current version being used.						
	18. The PCS shows the latest revision number.						
	19. The date of the last revision is shown.						
	20. Prior revisions of the process and its control system are available.						

Rating Legend:

- 5 = Checkpoint Fully Satisfied
- 4 = Meets Most Criteria of Checkpoint
- 3 = Meets Minimal Requirements of Checkpoint
- 2 = Checkpoint Somewhat/Partially Satisfied
- 1 = Checkpoint Not Addressed

TOTAL POINTS

AVERAGE

(Average = Total Points ÷ 20)

ets Facilitator: _____	Date: _____
_____	_____

Organization Signoff: _____	Date: _____
_____	_____