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| **Fixtures/Jigs Checklist** |

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| **Company:** | Click or tap here to enter text. | **Workstation Name:** | Click or tap here to enter text. |
| **Prepared by:** | Click or tap here to enter text. | **Department:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. | **Document Number:** | Click or tap here to enter text. |

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| **“NO” answer indicates need for additional investigation.** |
| * Appropriate use of fixtures/jigs has been identified.
 | Select YES or NO. |
| * Method of how the fixtures/jigs will be stored has been determined.
 | Select YES or NO. |
| * Method of conveying the fixtures/jigs to and from the workstation has been determined.
 | Select YES or NO. |
| * Method of mounting fixtures/jigs at the workstation been determined.
 | Select YES or NO. |
| * Fixtures/jigs position units with user reach and height zones.
 | Select YES or NO. |
| * Fixture/jig allows free and clear access to insert/remove parts physically and visually (if needed).
 | Select YES or NO. |