

Time Study Observation Form

Study No.:	Date:	Page of
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Operation:	Operator:	Observer:
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Element No. and Description																							
		Note	Cycle	R	W	OT	NT	R	W	OT	NT	R	W	OT	NT	R	W	O	NT	R	W	OT	NT
	1																						
	2																						
	3																						
	4																						
	5																						
	6																						
	7																						
	8																						
	9																						
	10																						
	11																						
	12																						
	13																						
	14																						
	15																						
	16																						
	17																						
	18																						

Summary

Total OT					
Rating					
Total NT					
No. Observations					
Average NT					
% Allowance					
Elemental					
No. Occurrences					
Standard Time					

Total Standard Time (sum standard time for all elements):

Foreign Elements				Time Check			Allowance Summary	
Sym	W1	W2	OT	Description	Finishing Time			Personal Needs
A					Starting Time			Basic Fatigue
B					Elapsed Time			Variable Fatigue
C					TEBS			Special
D					TEAF			Total Allowance %
E					Total Check Time			Remarks:
F					Effective Time			
G					Ineffective Time			
Rating Check					Total Recorded Time			
Synthetic Time				%	Unaccounted Time			
Observed Time					Recording Error %			