



SAMPLE DELIVERABLE

Operational Health Check Report

Sample report: a consultant's reading of your health check, delivered in 3 business days.

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SAMPLE. DEMONSTRATION DATA FOR A FICTIONAL BUSINESS, NOT A REAL CLIENT.

OPERATIONAL HEALTH CHECK REPORT, SAMPLE

Demo Distribution Co

Based on the online health check completed 3 August 2026 by the Operations Manager. Reviewed and written by a 360 consultant. Issued 6 August 2026.

About this sample

Fictional business and answers. It shows what a consultant reviewed Health Check Report contains. The free online result gives you the scores and first actions instantly. This report adds a consultant's reading of your answers: what the pattern means, what to do first and what evidence would change the view.

What your answers say

Your scores point to one connected problem, not six separate ones. Delivery is measured at dispatch, failures are not coded, stock records surprise you often and promise dates are standard lead time regardless of load. Put together, that usually means orders are being promised and released without a reliable view of stock or capacity, and the warehouse and the carrier are absorbing the consequences. The overtime you describe as constant fits the same picture.

There are real strengths to build on. Supervisors do lead their teams for part of the day, roles are mostly clear and your core processes are documented. That matters: the fixes below are about rules and rhythm, and you have the people to run them.

Service and delivery	25% answered 4 of 4 Priority
Cost and productivity	44% answered 3 of 4 Working, with gaps
Warehouse, space and stock	33% answered 4 of 4 Priority
Process and systems	50% answered 4 of 4 Working, with gaps
People and structure	58% answered 4 of 4 Working, with gaps
Suppliers and operational spend	50% answered 2 of 4 Low confidence

Scores are the share of available points from answered questions. 'I don't know' answers are not scored. They reduce confidence and are listed below as evidence to collect.

Priorities, in order

#	PRIORITY	WHY THIS FIRST	FIRST ACTION (INTERNAL, NO COST)	HOW YOU WILL KNOW
1	Measure delivery properly and code the causes	Everything else depends on knowing why orders fail. It costs nothing to start	Define DIFOT at delivery. Code every failure for four weeks. Rank the causes	A weekly DIFOT number that sales and the warehouse both accept
2	Stock accuracy in pick locations	You reported frequent surprises. Short picks and empty faces feed priority 1	Count 50 pick locations before the first wave. Start a daily 20 location count	Location accuracy at 97% or better on a rolling four weeks
3	Match the roster to when work arrives	Constant overtime with a flat roster is usually a timing problem	Plot lines released by hour against people rostered by hour for one week	Overtime falling without DIFOT falling

Evidence to collect

You answered 'I don't know' to three questions. None of them is a failing. Each is a number worth having:

- Which customers make money after picking, delivery, service and returns. Until this is known, pricing and service decisions are being made on gross margin alone.
- When operational categories were last market tested.
- Whether usage and leakage are measured for pallets, wrap and waste. One ratio, tracked monthly, is enough to start.

What would change this view

If four weeks of coded failures show that most late orders left the building on time, the priority shifts from your internal flow to carrier performance and route design. If the location count comes back at 97% or better, stock accuracy drops off the list and priority 3 moves up.

If you want help

Everything above can be done internally and we would encourage you to start that way. If you want it done faster or want an outside view: the KPI and DIFOT Toolkit (\$249 inc GST) gives you the definition, log and review agenda for priority 1. A DIFOT Review does the analysis on your data at a fixed price. A Full-Day Operational Review would test priorities 2 and 3 on the floor. No further purchase is needed to use this report.

This report is based on self assessed answers, not on observation or data. It indicates where to look. It is not a diagnosis.