DMAIC Control Plan

Project:		Core Team:		Date (Orig):			
Key Contact:				Date (Rev):			
Phone:				Authorised By:		Date:	
Sponsor:				Signature:			

Department/ Individual (Process Step)	What must be controlled?	Project Y,X,or other?	Requirements (specs)	Ongoing Control Mechanisms	Measurement Plan				Response Plan			
					Measurement Technique	Sample Size	Frequency	Who?	Action	Timing	Owner	SOP Ref.