

Time Study Observation Form

Study No.:	Date:	Page of
Operation:	Operator:	Observer:

Element No. and Description		Element 1				Element 2				Element 3				Element 4				Element 5							
		R	W	OT	NT	R	W	OT	NT	R	W	OT	NT	R	W	OT	NT	R	W	O	NT	R	W	OT	NT
Note	Cycle																								
	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 %									