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first time fill rate		
RO's Filled Same Day	RO's Not Filled Same Day	Did we track lost sale or emergency purchase the part
1	3	yes
1	2	no
2	4	yes
0	1	no
0	3	no
0	1	no
4	14	

DMS SCORECARD				
Stocking Status	Inventory		% of Inventory	Guide
INVESTMENT	Value			
Normal or Active Stock			#REF!	over 70%
Automatic Phase Out			#REF!	Less than 30
Dealer Phase Out			#REF!	Less than 10
Manual Order			#REF!	Less than 30
Non Stock Part \$'s			#REF!	Less than 50
Non Stock Part #'s*				Greater than 70%
Clean Core			#REF!	p/n pieces
Dirty Core			#REF!	
Total Inventory	#REF!		#REF!	

Activity	Value \$	% of Invent	%	Notes & G
0-3 Months			#DIV/0!	ACTIVE INVENTORY
4-6 Months			#DIV/0!	ACTIVE INVENTORY
7-12 Months			#DIV/0!	75% will likely become
Over 12 Months			#DIV/0!	Technical Obsolescence
New parts no sales			#DIV/0!	Minimal Amount
Total Inventory	\$0		#DIV/0!	

	COLOR SCORING
--	----------------------

	GOOD
--	-------------

%	WARNING
---	----------------

%	DANGER
---	---------------

%	GREAT
---	--------------

%	Seldom used
---	--------------------

of PN's	OK....BUT..
---------	--------------------

	OUCH !!!!!
--	-------------------

--	--

	ouch!!!
--	---------

guides

at 75%	
--------	--

at 23%	OBSO POSITION			
--------	----------------------	--	--	--

ne Obso 2% is guide	.75 TIMES \$			0
---------------------	--------------	--	--	---

nce 2% is guide	PLUS			0
-----------------	------	--	--	---

	PLUS			0
--	------	--	--	---

	EQUALS	#DIV/0!		0
--	--------	---------	--	---

Departmental Action Plan

Dealership

Academy Week

Class & :

Current Situation

Overall Objective:

Proposed Timeline

Action Plan

Describe necessary actions to reach desired result:

Requirements

Meeting with Dealer:

1. Action Proposed:

Meeting with stakeholder(s) (dealership personnel):

2. Describe what is in place to support desired goal:
Training / Coaching / ±Consequences related to results / Pain & Gain

Accountability: Monitoring progress:

- Who:
What:
3. By When:
How:

Describe checkpoints that have been established to measure progress:
Daily / Weekly / Bi-weekly / Monthly /

4. Date(s) for review:

5. Estimated cost for implementation:

Projected Date of
Completion:

Sponsor Signature: _____

Evaluation of Results: Include measured results.

(± Metrics)

Impact Areas:

Sales / Gross / Expenses / Net Profit / CSI /

Student Name

Student Number

**PLEASE BE ADVISED
THIS ASSIGNMENT BY
IT'S SELF IS WORTH 100
POINTS.TAKE YOUR
TIME AND GET IT
CORRECT**

