

Departmental Action Plan

Dealership **New England Kenworth**

Student Name **Larry Cobb**

Academy Week **2**

Class & Student Number **41-20**

Current Situation **Since NEKW bought out the former owner, we have never done a physical parts inventory audit at either location. Through bin and location counts conducted by me, I found many discrepancies. The bangor location is poorly organized with many parts still in multi count containers instead of broken down and laid out in organizers. We must know where we are starting from in order to proceed to other objectives.**

Overall Objective **To count locations to clean up the parts shelves. Time will be taken to organize the shelves/bins. Properly marked parts will be located correctly. All unmarked parts that can't be identified by the parts or service will be scrapped. This will be done to prepare for a physical inventory due this fall.**

Proposed Title **Location counts are due and agreed upon by the parts managers for August 31, 2019**

Current Situation **Each day/week the parts manager will assign the task of certain bins/shelves to be counted by one of his staff. It will be the assignees responsibility to organize the location. The person doing the count will turn in the discrepancy report to the parts manager for him to correct the inventory. A copy of the marked up count sheet will be given to me. We have taken the Warranty administrator in the Bangor location and made him a part time inventory/warehouse manager. He will split his time between warranty and the parts department until we get the warehouse under control.**

Action Plan

Requirements

Meeting with Dealer:

1. Action Proposed: cycle/perpetual count entire inventory by Aug 31

Meeting with stakeholder(s) (dealership personnel): Chris Parts Manager, Vinnie Service manager, Mike Warranty/warehouse manager

2. Describe what is in place to support desired goal:
cycle count all locations, organize the displays/shelves, decide if different shelving is needed

Accountability: Monitoring progress:

Who: Tom and Chris

3. What: progress given in % of completion

By When: each week

How: verbal and handing in the count sheets

Describe checkpoints that have been established to measure progress:

Daily / Weekly / Bi-weekly / Monthly /

4.

Date(s) for review: weekly impromptu meetings to discuss progress and look over obso and unidentified parts

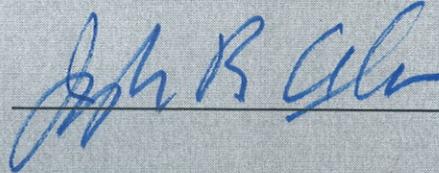
5.

Estimated cost for implementation: \$0, we are doing this during regular hours a little bit at a time with staff already in place

Projected Date of

August 31, 2019

Sponsor Signature:



Evaluation of Results: Include measured results.

(± Metrics)

Impact Areas:

Sales / Gross / Expenses / Net Profit / CSI / This will impact everything. Once completed we will know what we have and where it is. This will give us a starting point for all other metrics and analysis.

Verification Form Regarding the Departmental Action Plan

Fixed Operations 1 Week Post- Class Homework Assignment

Dear Academy sponsor,

One of the post-class homework assignments given to your manager at the conclusion of week two at the Academy is the Departmental Action Plan form. The student's assignment is to show you the format of the assignment, explaining to you the purpose of crafting a departmental action plan after week 2 of the Academy. This assignment will be completed four separate times, (classes 2-5) after the student has attended the fixed operations 1 parts week, the fixed operations 2 service week, the variable operations 1 class week and the variable operations 2 class week. The progress of the student's departmental action plans will be assessed by each of the Academy instructors in weeks 2 through 5 of the Academy. Please sign this form below which indicates that the student has reviewed the departmental action with you, and have your student bring the form with them, when they return for their fixed operations 2 parts class. We will collect these forms at that time from the students. The student will receive a pass/fail grade, based upon whether they submit this form signed by you. This is being done in order to verify that each student has shared the Departmental Action Plan with their sponsor.

Thank you for your cooperation.

Sponsor's Printed Name _____
Date 6/13/19 for A/10/19

Sponsor's Signature



Very truly yours,