# OPPORTUNITY FOR IMPROVEMENT

| | | |
|---|---|---|
| SUBMITTED BY:<br>ID NUMBER:_____<br>PHONE NO:_____ | DEPARTMENT:<br>SUPERVISOR:<br>DATE: | TYPE OF OFI:<br>IMPROVE CUSTOMER SATISFACTION /<br>COST REDUCTION /<br>IMPROVE WORK PROCESS /<br>SAFETY /<br>ENERGY /<br>OTHER _____ / |

DESCRIBE PRESENT CONDITION.....

**MY IDEA IS:**

PLEASE INCLUDE ESTIMATED $ SAVINGS/COST OF IMPLEMENTATION

THANK YOU FOR YOUR IDEA! SUBMIT YOUR IDEA TO YOUR DEPARTMENT DIRECTOR, QUALITY SHARE REPRESENTATIVE(S), OR SUPERVISOR.

DATE RECEIVED: _____
DATE ACKNOWLEDGED: _____
FOLLOW UP DATES: _____
_____
_____
_____

# IDEA EVALUATION

TO BE FILLED OUT BY EVALUATOR(S)
ACKNOWLEDGE THE RECEIPT OF ALL IDEAS WITHIN ONE WORKING DAY.
IF CROSS DEPARTMENTAL, SENT TO WHOM?: _____

**COMMENTS:**

COMPLETION OR ACTION PLAN REQUIRED WITHIN ONE WEEK BY THE INITIAL EVALUATOR.

**SAVINGS:** If appropriate, please indicate the amount of dollar savings or revenue including labor savings (in hours) the idea generates per year. The cost, if any, of implementing the idea should be deducted. This cost may be spread out over the life of the idea not to exceed a maximum of five (5) years.

## ACTION / DISPOSITION

ACCEPTED AND PUT INTO EFFECT: _____
ACCEPTED; WILL BE PUT INTO EFFECT: _____
DECLINED: _____
DATE EMPLOYEE NOTIFIED: _____

RECOGNITION NOTES: _____
_____
_____
_____

_____
EVALUATOR'S SIGNATURE DATE

_____
DIRECTOR SIGNATURE (REQUIRED IF THERE IS IMPLEMENTATION COST) DATE

_____
ADMINISTRATION (FOR REQUIRED SIGNATURE SEE P&P 30-11 EXHIBIT A) DATE

****SEND **COMPLETED** OFI's TO ADMINISTRATION****