

Suggestions for Business Improvements

“Your Ideas Count”

Date: _____

Reference No.: _____

Submitted by: _____ Department: _____

Improvement Goal(s) (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Prevent Accidents | <input type="checkbox"/> Decrease Waste | <input type="checkbox"/> Save Time |
| <input type="checkbox"/> Reduce Costs | <input type="checkbox"/> Increase Revenue | <input type="checkbox"/> Improve Services |
| <input type="checkbox"/> Improve System Procedure | <input type="checkbox"/> Improve System Component | <input type="checkbox"/> Improve Quality |
| <input type="checkbox"/> Increase Speed/Efficiency | <input type="checkbox"/> Increase Productivity | <input type="checkbox"/> Improve Morale |
| <input type="checkbox"/> Improve Customer Experience | <input type="checkbox"/> Other (specify): _____ | |

Business Activity or System/Process to Improve: _____

System Component (document, material, equipment, etc.) to Improve: _____

Suggested Plan for Correction, Improvement or Innovation: _____

_____ (continue on back if necessary)

Thank you for your suggestion!

Approved by: _____

Implemented by: _____ Completion Date: _____

Results: _____
