**Page 1 to be completed by employee**

<table>
<thead>
<tr>
<th>Account:</th>
<th>Date: January 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Department: Maintenance</td>
</tr>
<tr>
<td></td>
<td>Phone/Pager/e-mail:</td>
</tr>
</tbody>
</table>

Describe the problem or opportunity:
*e.g. PM procedures for HVAC equipment were excessive based on evaluating standard PM guidelines*

Describe your suggestion for improvement (attach any supporting data or information to help clarify your suggestion):
*e.g. Follow lean RCM approach to PM, define critical and non-critical equipment, modify task/frequencies.*

Describe the potential benefit of the change:
*e.g. Reduced runtime, PM hours and associated materials.*

- x Is it better?
- x Is it faster?
- x Is it cheaper?
- □ Is it safer?

Identify the customer(s) affected by the change:
- □ Internal Customer
- □ External Customer

Other team members (if applicable):

<table>
<thead>
<tr>
<th>Originator:</th>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Leader:</td>
<td>Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**To be completed by Operations Director**

Suggestion Adopted? [ ] Yes [ ] No If not, why?

Comments or Feedback to Employee Submitting Opportunity: Calculate cost savings.

Review Date: Assigned to Process Owner: Assigned to Facilitator: (Circle and insert name, as appropriate)

Does implementation of this suggestion require customer approval? [ ] Yes [ ] No

Operations Director: Signature:
**Process Improvement Opportunity Form**

**Page 2 to be filled out for a completed project**

<table>
<thead>
<tr>
<th>Improvement Start Date:</th>
<th>Improvement Completion Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List Employees Involved in the Improvement:

1.  
2.  
3.  
4.  
5.  

Name of Improved Process: **PM/RCM**

Process Number (where applicable):

Describe the changes made as part of the improvement: **adjusted PM schedules.**

Indicate area(s) of improvement (circle all that apply):

- [x] Employee Satisfaction
- [ ] Transaction Processing
- [ ] Intellect
- [ ] Customer Satisfaction
- [ ] Motion
- [ ] Inventory
- [ ] Over Production
- [x] Over Processing
- [ ] Correction
- [ ] Transportation
- [ ] Waiting
- [ ] Safety
- [ ] Other (specify):

Comments:

Financial Information:

<table>
<thead>
<tr>
<th>Category</th>
<th>Bottom Line Impact Annualized</th>
<th>Bottom Line Impact Fiscal Year</th>
<th>Cost Avoidance Annualized</th>
<th>Cost Avoidance Fiscal Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>UGL Unicco Impact (savings/expenses)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Customer Impact</td>
<td>$21,889</td>
<td>$9,120</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Financial Validation: **Monitor utility invoices**

Title: __________________________ Signature: __________________________ Date: __________________________

*To be completed by Operations Director.*

Savings agreed to by Customer?  

- [ ] Yes  
- [x] No

Lean Six Sigma Coordinator: __________________________ Signature: __________________________