

## Process Improvement Opportunity Form

***Page 1 to be completed by employee***

Account:	Date: January 2010
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Name:	Department: Maintenance	Phone/Pager/e-mail:
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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: <b>e.g. Reduced runtime, PM hours and associated materials.</b>	<input checked="" type="checkbox"/> Is it better? <input checked="" type="checkbox"/> Is it faster? <input checked="" type="checkbox"/> Is it cheaper? <input type="checkbox"/> Is it safer?
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Identify the customer(s) affected by the change:	<input type="checkbox"/> Internal Customer <input type="checkbox"/> External Customer
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Other team members (if applicable):

Originator:	Signature:	Date:
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Team Leader:	Signature:	Date:
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***To be completed by Operations Director***

Suggestion Adopted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If not, why?
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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)
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Does implementation of this suggestion require customer approval?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Operations Director:	Signature:
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## Process Improvement Opportunity Form

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

Improvement Start Date: \_\_\_\_\_ Improvement Completion Date: \_\_\_\_\_

List Employees Involved in the Improvement: 3.  
 1. \_\_\_\_\_ 4.  
 2. \_\_\_\_\_ 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):

<input checked="" type="checkbox"/> Employee Satisfaction	<input type="checkbox"/> Transaction Processing	<input type="checkbox"/> Intellect
<input checked="" type="checkbox"/> Customer Satisfaction	<input type="checkbox"/> Motion	<input type="checkbox"/> Inventory
<input type="checkbox"/> Over Production	<input checked="" type="checkbox"/> Over Processing	<input type="checkbox"/> Correction
<input type="checkbox"/> Transportation	<input type="checkbox"/> Waiting	<input type="checkbox"/> Safety
<input type="checkbox"/> Other (specify): _____		

Comments: \_\_\_\_\_

Financial Information:	Bottom Line Impact		Cost Avoidance	
	Annualized	Fiscal Year	Annualized	Fiscal Year
UGL Unicco Impact (savings/expenses)	\$	\$	\$	\$
Customer Impact	\$ 21,889	\$ 9,120	\$	\$

Financial Validation: **Monitor utility invoices**  
 Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Operations Director.**

Savings agreed to by Customer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Customer Signature (where required)
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Lean Six Sigma Coordinator: _____	Signature: _____
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