

Quick Kaizen Form

Employee Information

Name: _____

Department/MO: _____

Date Submitted: _____

Description of Suggestion

Current Work Process: *(Briefly describe the current sequence of work)*

Proposed Improvement: *(Detail the suggested improvement or alteration)*

Expected Benefits *(Check all that apply)*

- ☐ Reduced Movement/ Time saving
- ☐ Improved Inventory
- ☐ Reduced Equipment Operation Time
- ☐ Minimizing Over-Production
- ☐ Simplifying Steps
- ☐ Other: _____

Risk Assessment

Potential Risks: _____

Mitigation Strategies: _____

Approval Signatures

Lead: _____

Date: _____

Supervisor: _____

Date: _____

Manufacturing Engineer: _____

Date: _____