


Name	M. KUMARAVEL		
Emp ID	P1-61		
Department	MAINTENANCE		
Date	5/March/2020		
CATEGORY (SUGGESTOR WILL HAVE TO FIT THIS SUGGESTION IN TO ANY OF THE FOLLOWING)			
PRODUCTIVITY <input type="checkbox"/>	QUALITY <input type="checkbox"/>	6S <input type="checkbox"/>	ENERGY <input type="checkbox"/>
HEALTH & SAFETY <input type="checkbox"/>	COST <input type="checkbox"/>	OTHERS <input type="checkbox"/>	
IMPROVEMENT IDEA SUBJECT (SPECIFY AREA, MACHINE, DEPARTMENT FOR BETTER UNDERSTANDING)			
CKD + Paint Shop & Assline area. Hoist.			
BEFORE ATTACH SHEETS IF NEEDED		AFTER ATTACH SHEETS IF NEEDED	
Hoist Movement not Indicates alert.		Movement Forward + Reverse of Hoist Hooker (or) Buzzer Noise. CAUTION	
BENEFITS ATTACH SHEETS IF NEEDED			
Its Alert the Movement of Hoist			 SIGNATURE OF SUGGESTOR
COMMITTEE EVALUATION		DATE	
ACCEPTED (FORWARD TO CONCERN DEPARTMENT HEAD)		REASON FOR REJECTION	
REJECTED (INTIMATE TO SUGGESTOR)			
HR	LEAN	PRODUCTION	
HSE	OTHERS SPECIFY	ABU/MBU	
REMARKS BY TEAM MEETING DATE, EVALUATION REASON			