SQCDM ISSUE LOG						
Associate Name	Magnet#	Issue Found	Where	when		
Who Fixed		What was done	When	Approver		

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IMPR	OVEMENT IDEA	Adopt□	Non-Adopt \square	
Associate Name:	Department:	Shift:	Direct Supervisor:	Date:
Present Method:				
Proposed Improvement:				
What it will affect: Safety ☐ Quality ☐ Cost S	Saving	Ergonomics	5S Visual Management	O hers:
Approved/Rejected by: Comments:	Date://	Implemented 1	by:	Date:
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