Name Date

Team Instructor

Part/level Cycle

Process Phase

PIP Number Priority

**Descripción del problema**

Describa brevemente el problema y su impacto

**Descripción de la propuesta**

Describa los cambios sugeridos tan detallado como sea posible

Submit completed PIP to the quality/process manager and keep a copy

Do not write below this line

PIP Control # Organization

Received Acknowledged

Updated Closed

Changes