

Idea Management Form

Please submit all Idea Forms to *Jennifer L. Thomas*

(Please print clearly. Back of form may be used if more room is needed for descriptions.)

Submitted By: _____ Date: _____

Production (BCT) Maintenance (IAM) Salaried

Category

(Please Check All That Apply)

<input type="checkbox"/> Cost Savings Estimated:\$ _____ Actual: \$ _____	<input type="checkbox"/> Quality	<input type="checkbox"/> Waste
<input type="checkbox"/> Delivery	<input type="checkbox"/> Safety	
<input type="checkbox"/> Innovation	<input type="checkbox"/> Other: _____	

What area does this Directly impact? _____

Describe Business Problem: _____

Describe Proposed Change: _____

Describe Benefit of Change: _____

