

# Kaizen Suggestion Template

## 1/ Originator Details

Name   
Department   
Contact number   
Date Raised

## 2/ Current state Comments

Name of process   
Procurement number   
Department

### Adverse impact summary (tick as req'd)

Customer Service	<input type="checkbox"/>	Transportation	<input type="checkbox"/>
Cost	<input type="checkbox"/>	High Defect rate	<input type="checkbox"/>
Quality	<input type="checkbox"/>	Inventory	<input type="checkbox"/>
Safety	<input type="checkbox"/>	Time	<input type="checkbox"/>
Waste	<input type="checkbox"/>		

Comments:

## 3/ Improvement idea

Comments:

## 4/ Project Impact statement (check boxes)

Change would positively impact:

Customer Service	<input type="checkbox"/>	Transportation	<input type="checkbox"/>
Cost	<input type="checkbox"/>	High Defect rate	<input type="checkbox"/>
Quality	<input type="checkbox"/>	Inventory	<input type="checkbox"/>
Safety	<input type="checkbox"/>	Time	<input type="checkbox"/>
Waste	<input type="checkbox"/>		

Impact Summary

## 5/ Implementation Summary

### Implementation Difficulty

Easy	<input type="checkbox"/>
Medium	<input type="checkbox"/>
Challenging	<input type="checkbox"/>

### Duration

1-3 months	<input type="checkbox"/>
4-6 months	<input type="checkbox"/>
6 months+	<input type="checkbox"/>

### Resource/Cost

Personnel Required (QTY)	<input type="text"/>
Budget requirement	<input type="text"/>

### Office use

## 6/ Suggestion Review Status

Reviewed by:  Date:  Further information required: Base Problem Yes/No  
Benefit Yes/No  
Schedule Yes/No  
Resources Yes/No

Review Comments

## 7/ Acceptance/Rejection

Approval Status: Approved   
Rejected  Proposed implementation start date   
Target completion date   
Budget

Approved/Rejected by: \_\_\_\_\_

Review Comments