

# Continuous Improvement Form

<b>Name</b>		<b>Employee Number</b>	
<b>Designation</b>		<b>Date Reported</b>	
<b>Department Concerned</b>		<b>Date of Observation</b>	

<b>Section 1</b>	<b>Describe the Issue or Area for Improvement</b> <b>Identify what the problem is, what has gone wrong, or what may go wrong</b>
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<b>Type of Issue: (Mark with X on the appropriate box)</b>
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<input type="checkbox"/> Suggestion	<input type="checkbox"/> Internal Audit	<input type="checkbox"/> Process Problem	<input type="checkbox"/> Hazard
<input type="checkbox"/> Supplier Problem			

<b>Suggested Actions:</b>

<b>Suggested Date of Completion:</b>	<b>Month</b>		<b>Day</b>		<b>Year</b>	
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<b>Section 2</b>	<b>Photo Account Prior to Changes:</b> <i>Insert and resize photographs up to six (6) shots of the area concerned to establish a visual account of the area prior to changes</i>
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PHOTO 1	PHOTO 2	PHOTO 3

PHOTO 4	PHOTO 5	PHOTO 6

<b>Section 3</b>	<b>Photo Account After the Changes:</b> <i>Insert and resize the photographs up to six (6) shots of the area concerned after the changes had been made on the area concerned. This is for thorough comparison as to the affected changes.</i>
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PHOTO 1	PHOTO 2	PHOTO 3

PHOTO 4	PHOTO 5	PHOTO 6

<b>Section 4</b>	<b>ACE- Evaluation</b> <i>Did the action resolve the issue or lead to improvements? If no, what is your proposed further action plan?</i>
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