REQUEST FOR METHODS IMPROVEMENT STUDY

TO	FROM	LOCATION	DATE

1. TITLE OF METHODS IMPROVEMENT PROPOSAL

2. PRESENT METHOD OR PROBLEM

3. PROPOSED METHOD OR SOLUTION (Use of this portion of form is optional)

4. PROPOSED BY	5. TITLE
6. APPROVED BY	7. TITLE

PROPOSAL EVALUATION

8. RECEIVED BY			9. DATE
10. ASSIGNED TO	11. DATE	12. EVALUATED BY	13. SUSPENSE DATE

14. EVALUATOR'S COMMENTS AND RECOMMENDED DISPOSITION

15. APPROVED FOR PROJECT STUDY ☐ YES ☐ NO	16. PROJECT NUMBER	17. AUTHORIZED BY

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