

Problem _____

Idea _____

Date Originated _____ **By:** _____

Expected Benefits _____

Input Needed From _____

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Problem _____

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Implementation Steps _____

Results Verified? YES / NO

New Method Standardized? YES / NO

Completed Date _____

Implementation Steps _____

Results Verified? YES / NO

New Method Standardized? YES / NO

Completed Date _____

Implementation Steps _____

Results Verified? YES / NO

New Method Standardized? YES / NO

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