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| --- | --- | --- | --- | --- | --- | --- |
| Basic information: | | | | | | |
| Your name: |  | | | Department: | |  |
| Your e-mail: |  | | | Date: | |  |
| Type of opportunity (circle): | | | | | | |
| Cost down | | Design improvement | Process improvement | | Health Safety, Environmental | |
| Please describe the improvement opportunity or observation: | | | | | | |
| Please list effected part numbers, documents and procedures (if known): | | | | | | |
| Please completed this improvement request form and place in the tray provided. This form will then be collected (weekly) and entered in to our local [CAPA System](https://tm.adaptivebms.com). A suitable person will be assigned the task for investigation. This form will be returned to you detailing the assignee (below) for your information. | | | | | | |
| Improvement team admin use | | | | | | |
| Assigned to: | | | | | | |

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