

Work Improvement Notification Form (WIN)

To: Division Quality Coordinator
cc: Department Quality Coordinator

WIN Number _____
(Assigned by Dept. QC)

Instructions:

If you become aware of an improvement opportunity, use this checklist to analyze it and start the action needed to get it fixed, improved, or prevented. If you feel you need assistance with this form, get help from your supervisor.

What is the existing situation?

- Is it: a problem that needs fixing
- an improvement opportunity?
- a situation that needs prevention?

Where does it occur?

How often does it occur?

Is there anything else happening at the same time that might be associated with this situation?

What is the impact of the situation on:

Quality?

Customer satisfaction?

What is this situation costing us (e.g., time, money, people, etc.)?

Who have you discussed this situation with?

Customers (internal or external):

Technical experts:

Supervisor:

Other:

What do you believe are the root causes of this situation?

What is your solution?

Can you implement this solution?

Yes No

Remarks:

In your opinion, should this be referred to a QIT?

Yes No

Remarks:

Will you be a leader member if the team is created?

Yes No

Your Name _____

Dept. / Div. _____

Signature _____

Date _____

Supervisor's Name _____ Dept. / Div. _____

Signature _____

Date _____