

REQUEST FOR METHODS IMPROVEMENT STUDY

TO	FROM	LOCATION	DATE
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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
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6. APPROVED BY	7. TITLE
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PROPOSAL EVALUATION

8. RECEIVED BY	9. DATE
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10. ASSIGNED TO	11. DATE	12. EVALUATED BY	13. SUSPENSE DATE
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14. EVALUATOR'S COMMENTS AND RECOMMENDED DISPOSITION

15. APPROVED FOR PROJECT STUDY <input type="checkbox"/> YES <input type="checkbox"/> NO	16. PROJECT NUMBER	17. AUTHORIZED BY
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