NNSY 5305/12 (Rev 03-11)

BENEFICIAL SUGGESTION FORM

(Please print or type)

SUBMIT THIS COMPLETED FORM TO CODE 900P

NOTICE: Use this form to identify opportunity for improvements in Quality, Productivity, Safety, and Quality of Work Life.		Serial Number.:		
Name	Check No	Shop/Code	Phone	Supervisor
Name	Check No	Shop/Code	Phone	Supervisor
Name	Check No	Shop/Code	Phone	Supervisor

☐ Saves ☐ Reduces Scrap ☐ Saves Material

☐ Reduces Supplies ☐ Saves Energy ☐ Reduces Set-Up Time

☐ Improves Safety ☐ Reduces Maintenance Cost ☐ Reduces Tooling Cost

☐ Improves Quality/Reliability ☐ Improves Office Procedures ☐ Reduces Hazardous Waste

☐ Other (List) _____

Brief Description of the Process/Problem (Attach additional sheet(s) if needed):

Cause (If known) (Attach additional sheet(s) if needed):

Solution (Attach additional sheet(s) if needed):

I (WE) understand that acceptance of a cash award for the use of this suggestion by the United States Government shall not form the basis of a further claim of any nature upon the United States by me (we), my (our) heirs, or assigns.