

# REVIEW OF SYSTEMS OR OPERATIONS

*When you identify a system or operation that may require modification or replacement, appoint a person or review team with the responsibility and authority to evaluate the current situation and provide a recommendation for improvement. Use this form to assist the review process.*

**Review Team:**

**Target Date:**    /    /

**System or Operation being reviewed:**

**Current Strengths:**

**Current Weaknesses:**

**What improvements and benefits could be gained? (Time or cost reductions, quality improvement, productivity increases, faster delivery, better team relationships or morale, greater supplier or customer satisfaction other).**

**Possible obstacles or risks to change:**

**Possible solutions to obstacles or risks:**

**Additional resources that may be required for change:**

**What additional investment or expenditure could be required?**

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**Based on this review process, is it worth making the change?**

**Yes**

**No**

**Recommendation for variations/modifications and expected outcomes:**

**Recommendations for implementation team members:**