



Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

# Exceptional MDI Submission Form

What bugged you?

How did you fix it?

What were the results?

Please explain what, if any, impact the MDI has on safety. (Bonus Dollars may be awarded based on your response)

How much time did you spend on this MDI? \_\_\_\_\_

What was the total cost to implement this MDI? \_\_\_\_\_

David Dollars Awarded?

Yes

No

If yes, how many? \_\_\_\_\_