CONTINUOUS IMPROVEMENT STATUS BOARD



No.	Problem/Issue/Opportunity	Countermeasure	Person Responsible	Date/Time Due	PDCA	
					PLAN	DO
					ACT	CHECK
					PLAN	DO
					ACT	CHECK
					PLAN	DO
					ACT	CHECK
					PLAN	DO
					ACT PLAN	CHECK
					PLAN	
					ACT PLAN	CHECK
					FLAN	1
					ACT PLAN	CHECK
					-	
					ACT PLAN	CHECK
					-	
					ACT PLAN	CHECK
						
					ACT	CHEC