

# COOPERATIVE PARTNERSHIP

ACME STEEL COMPANY

LOCAL UNION 1657

## TEAM MEETING MINUTES

TEAM: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

MEMBERS PRESENT:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHERS PRESENT:

_____	_____	_____
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GENERAL DISCUSSION, ACTIVITIES THIS MEETING:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEMBER ASSIGNMENTS:

WHO

WHEN

WHAT

_____	_____	_____
_____	_____	_____
_____	_____	_____

NEXT MEETING:

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

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## TEAM PROBLEM SELECTION

TEAM: \_\_\_\_\_

DATE: \_\_\_\_\_

The Problem We Have Selected To Work On Is:

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The symptoms of the problem and the people affected include:

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We anticipate benefits in these areas: (Check appropriate)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Safety  
Quality  
Yield

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Quality Work Life  
Energy Conservation  
Job Ease

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Productivity  
Consumables  
Other

We may need the following assistance to analyze and solve this problem:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Engineering  
Metallurgy  
Quality

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Production Planning  
Industrial Engineering  
Maintenance

<input type="checkbox"/>
<input type="checkbox"/>

CPC  
Other

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## TEAM IMPLEMENTATION PLAN

TEAM: \_\_\_\_\_

DATE: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

Comments concerning project:

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## IMPLEMENTATION SCHEDULE

Tasks	Who	When	Actual

## EVALUATION PLAN:


## WRITE FINAL REPORT:


**COOPERATIVE PARTNERSHIP**  
**ACME STEEL COMPANY**

**LOCAL UNION 1657**

**NOTICE OF TEAM RECOMMENDATION**

TEAM:

DATE:

PROBLEM:

A brief description of our recommendation is:

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Projected benefits of our recommendation are:

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These are the people we believe will have to cooperate to get this recommendation implemented:

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We believe we can evaluate this solution by:

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## TEAM PROJECT FINAL REPORT

TEAM: \_\_\_\_\_

DATE: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

Please complete the questions that seem relevant, utilizing additional paper if necessary.  
Attach all previous documents to this form and submit as a Team Project Booklet

1. What has been done? By whom? When was this project finished?

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2. What improvements/changes/benefits can be seen? (Please supply supporting data and opinions and explain the source of each.)

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3. Have any new problems been created or revealed as a result of these efforts?

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4. What is the Team's overall evaluation of this solution as it stands?  
Are there additional things that need to be done in the near future?

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5. Is continued monitoring of results necessary? If so, how long will it continue?

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