

SUGGESTION EVALUATION REPORT

STD. 645A (REV. 4-95)

**An Evaluator's Handbook is available to help you prepare your evaluation.
Contact your Department Merit Award Administrator for a copy.**

SUGGESTION NUMBER	DATE RECEIVED




SUGGESTER'S NAME	SUGGESTION TITLE
SUGGESTER'S DEPARTMENT	

QUESTIONS FOR THE EVALUATOR	YES	PARTIAL	ALTERNATE	NO
1. Has or will your department adopt the above numbered suggestion or an alternate solution as a result of this idea? If alternate or partial adoption, please describe under "Comments".				
2. IF ADOPTED: PROOF OF IMPLEMENTATION IS REQUIRED BEFORE AN AWARD CAN BE GRANTED. <ul style="list-style-type: none"> ■ Give actual or estimated first-year savings. ■ Explain how amount was calculated. ■ Compare old and new method costs. ■ Give cost of adoption and amortization period recommended. ■ If no cash savings—see reverse. 			IF ADOPTED, ENTER IMPLEMENTATION DATE	
3. IF NOT ADOPTED: <ul style="list-style-type: none"> ■ Give specific reasons. ■ Notify suggester of appeal rights (This is the responsibility of the Merit Award Administrator.) 				

TO BE COMPLETED BY EMPLOYING DEPARTMENT IF ADOPTED	YES	NO
4. Was this problem specifically assigned to suggester for development or solution? If "YES", please explain under "Comments".		
5. Was development of this idea clearly within the scope of the suggester's normal duties? If YES, explain under "Comments". (Attach Duty Statement.)		

NOTE: If you need assistance answering questions 4 and 5, please contact your Department's Merit Award Administrator.

COMMENTS (*Attach separate sheet for additional comments*)

EVALUATOR'S SIGNATURE 	EVALUATOR'S NAME (<i>Typed or Printed</i>)	TELEPHONE/CALNET NUMBER	DATE SIGNED
MERIT AWARD ADMINISTRATOR'S SIGNATURE 	MERIT AWARD ADMINISTRATOR'S NAME (<i>Typed or Printed</i>)	TELEPHONE/CALNET NUMBER	DATE SIGNED
REVIEWING OFFICER'S SIGNATURE 	REVIEWING OFFICER'S NAME (<i>Typed or Printed</i>)	TELEPHONE/CALNET NUMBER	DATE SIGNED
DEPARTMENT NAME			

SUGGESTION EVALUATION REPORT

STD. 645A (REV. 4-95 (REVERSE))

INSTRUCTIONS FOR CALCULATING AWARDS WHERE BENEFITS ARE INTANGIBLE

- Apply the following point scales to those adopted suggestions where monetary value or savings cannot be calculated. These scales were effective as of January 1, 1993.
- Proven monetary savings may be included in combination with intangible benefits to arrive at an equitable award. Evaluators may recommend such combination but must justify the reasons.
- Please note that safety suggestions are subject to a separate point system. (SEE IMPROVED SAFETY SCALE BELOW.)
- Awards for 'improved procedures' may not be included in combination with 'improved safety' since improved procedure has been incorporated in the Improved Safety Scale.

Circle Evaluation Factors below

IMPROVED PROCEDURES				
DEGREE OF BENEFIT	EXTENT OF APPLICATION			
	NARROW		BROAD	
	FREQUENCY OF OCCURRENCE			
	LOW	HIGH	LOW	HIGH
MINOR	\$ 50	\$ 65	\$ 75	\$ 85
MODERATE	\$ 70	\$ 85	\$ 95	\$105
MARKED	\$ 95	\$110	\$125	*\$150

Extent of Application

- Narrow—Limited in application. Affects the program or function and/or the policies and procedures of one or more units within a division, branch, region, or district.
- Broad—Of wide scope or application. Affects one or more major programs and/or policies and procedures of one or more divisions, branches, regions, or districts.

Frequency of Occurrence

- Low—Relatively small in amount (seldom to occasionally).
- High—Greater than is usual or normal in amount (frequently).

Degree of Benefit

- Minor—Change or modification which provides a slight improvement in methods, forms, facilities, equipment, etc.
- Moderate—Average change or modification in same.
- Marked—Exceptional change or modification in same.

Award Amount from Scale	\$
Additional \$25 Bonus for Improved Service to the Public (if applicable)	+ \$
Total Improved Procedures Award:	= \$
*Total award amount cannot exceed \$150.	

IMPROVED SAFETY SCALE									
EVALUATION FACTORS	POINT VALUE								
	9	8	7	6	5	4	3	2	1
1. Number of people exposed to hazard at any one time	Thirty-one or more	Twenty-six to thirty	Twenty-one to twenty-five	Sixteen to twenty	Eleven to fifteen	Seven to ten	Five to six	Three to four	One to two
2. Extent of potential injury or illness (most likely to occur)	Death			Serious injury			Minor injury		Discomfort
3. Probability of occurrence of accident	High—two or more per year			Moderate—one per year			Low—less than one per year		
4. Frequency of people exposed to this hazard	More than one per hour	One per hour	One in two hours	One per day	One in two days	One per week	One in two weeks	One per month	Less than one per month
5. Seriousness of hazard	Serious hazard			Moderate hazard			Minor hazard		
6. Effectiveness of improvement	Eliminates hazard			Appreciably limits effects of hazard			Slightly reduces hazard		
7. Cost of adoption					Small/none		Moderate		Large
SAFETY AWARD SCALE	Points	Award			A point value should be designated for each evaluation factor. (Do not mark blank areas.)				
	13 and under	\$ 50							
	14 and above	\$ 50, plus \$25 for each point above 13, to a maximum of \$1,000							
TOTAL POINTS	AMOUNT OF PROPOSED SAFETY AWARD								
	\$								