

PLAN, DO, STUDY, ACT (PDSA)

Campus/ Dept.:	_____
Person Completing Form:	_____
Vendor:	_____
Amount:	_____ Date: _____

PLAN	
WHAT IS THE PROBLEM?	
WHAT IS THE ROOT CAUSE OF THE ISSUE?	
HOW DO YOU WANT TO FIX THE PROBLEM?	
WHO DO YOU NEED TO HELP YOU?	
DO	
WHAT ARE YOU GOING TO DO NEXT	
HOW WILL YOU KNOW THAT IT WORKED?	
STUDY	
WHAT ARE THE RESULTS OF YOUR PLAN?	
ACT	
SHOULD YOU SHARE YOUR PROCESS WITH OTHERS?	
<p>✓ IF YOUR PLAN WORKED, KEEP THE PROCESS IN PLACE AND CELEBRATE YOUR SUCCESS.</p> <p>✓ AFTER TIME, RE-EVALUATE YOUR PLAN, LOOKING FOR IMPROVEMENT.</p> <p>✓ IF THE PROCESS IS NOT WORKING, MAKE ANOTHER PLAN.</p>	

Signature	
Supervisor	

PROCESS:	
<input type="checkbox"/>	CHECK REQUEST ENTERED IN SKYWARD
<input type="checkbox"/>	PDSA COMPLETED W/SIGNATURES
<input type="checkbox"/>	PDSA ATTACHED TO CHECK REQUEST
<input type="checkbox"/>	ORIGINAL PDSA SENT TO BUSINESS OFFICE
<input type="checkbox"/>	CHECK REQUEST WILL BE APPROVED WHEN ORIGINAL RECEIVED.