

EFFICIENCY & COST-CONTROL ASSESSMENT

CLIENT-004

This assessment helps Arcleron identify where time, cost, quality, accountability, capacity, and revenue may be affected. It is a screening tool, not a guarantee of savings or performance improvement.

ASSESSMENT SCOPE

Organization / account / project *

Primary review level

- | | | |
|--|--|--|
| ☐ Project | ☐ Customer account | ☐ Department |
| ☐ Location / facility | ☐ Organization-wide | ☐ Employee / role group |

Process or activity to be reviewed *

Why is the review needed now?

BASELINE PERFORMANCE

Current volume, workload, transactions, service calls, tickets, orders, or output

Current labor, material, vendor, equipment, rework, delay, or overhead costs known

Current cycle time, backlog, turnaround, response time, or schedule performance

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Current quality, error, return, warranty, complaint, or rework indicators

WORKFLOW AND COST-CONTROL REVIEW

Observed concerns

- | | |
|--|---|
| ☐ Duplicate work | ☐ Manual re-entry |
| ☐ Waiting / approval delays | ☐ Unclear ownership |
| ☐ Missed billing / revenue | ☐ Overtime or staffing imbalance |
| ☐ Material waste / loss | ☐ Vendor or freight cost |
| ☐ Inventory issues | ☐ Quality / rework |
| ☐ Documentation gaps | ☐ Training or consistency |

Describe the most significant bottlenecks, waste, missed opportunities, or control gaps

Contracts, rate cards, policies, targets, or standards that govern the work

EMPLOYEE AND ROLE-LEVEL FACTORS

Fair-use principle

Employee-level analysis should focus on documented work, role expectations, process conditions, training, workload, quality, and verifiable outcomes. It should not be used as the sole basis for employment decisions or unlawful discrimination.

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Roles or teams included - do not provide unnecessary sensitive personal information

Expected duties, productivity standards, quality requirements, and authorized work

Training, tools, supervision, staffing, scheduling, or process conditions affecting performance

Available records: time tickets, work orders, repair orders, billing records, QA checks, schedules, or other evidence

DESIRED OUTCOMES

Priority outcomes

- | | |
|---|---|
| ☐ Lower avoidable cost | ☐ Faster cycle time |
| ☐ Improved quality | ☐ Better billing capture |
| ☐ Higher capacity | ☐ Clearer accountability |
| ☐ Consistent documentation | ☐ Reduced operational risk |
| ☐ Improved customer experience | ☐ Responsible growth |

Desired result, target, or decision to support

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Known constraints or changes that cannot be made

CERTIFICATION AND SIGNATURE

I certify that the information provided in this form is accurate to the best of my knowledge and that I am authorized to submit it for the organization identified. This signature confirms submission only; it does not create a consulting relationship, authorize work, or execute a separate NDA, Consulting Services Agreement, or Statement of Work.

Choose one signature method

☐ Handwritten signature☐ Electronic signature

Optional electronic signature

If I select Electronic signature and type or draw my name in the signature field below, I agree to conduct this submission electronically and intend that mark to serve as my electronic signature. I may instead print and sign by hand. A copy of the completed form should be retained for my records.

Printed legal name *

Title / role *

Signature - handwritten or adopted electronic signature *

Date signed *

Business email *