|  |  |  |  |
| --- | --- | --- | --- |
| ***Review Particulars*** | | | |
| **Date** |  | **Time** |  |
| **Location** |  | | |
| **Attendees / Position** |  | | |
| **Absence** |  | | |
| **Apologies** |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.** | **Executive Summary** | | | | |
| **a** | General Conversation **\*\*\*\*\*\*\*\*\*\* EXEMPLE\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** | | | | |
| **b** | Reporting | | | | |
| **c** | Increase of Allocated Hours | | | | |
| **d** | Induction | | | | |
| **e** | Compliance Requirements | | | | |
| **f** | Dispensers | | | | |
| **g** | Toilet Supplies | | | | |
| **h** | Training | | | | |
| ***#*** | ***Agenda Item*** | ***Action required*** | ***By whom*** | ***Date to be actioned*** | ***Status*** |
| **2.** | **Customer Relationship Management** |  |  |  |  |
| **a** | Incidents to report **\*\*\*\*\* Example\*\*\*\*\*\*** |  |  | **Date**  **or**  Effective from today |  |
| **b** | Defective Reporting **\*\*\*\*\* Example\*\*\*\*\*\*** |  |  |  |  |
| **c** | Suggestion to increase allocated hours  **\*\*\*\*\* Example\*\*\*\*\*\*** |  |  |  |  |
| **3.** | **Human Resources Management** |  |  |  |  |
| **a** | Inductions - **\*\*\*\*\* Example\*\*\*\*\*\*** |  |  |  |  |
| **4.** | **Quality Management** |  |  |  |  |
| **a** | Cleaners Room **\*\*\*\*\* Example\*\*\*\*\*\*** |  |  |  |  |
| **5.** | **Health and Safety Management** |  |  |  |  |
| **a** | Training Program **\*\*\*\*\* Example\*\*\*\*\*\*** |  |  |  |  |
| **6.** | **Environmental Management** |  |  |  |  |
| **a** | N/A |  |  |  |  |
| **7.** | **Finance and Administration** |  |  |  |  |
| **a** | N/A |  |  |  |  |
| **8.** | **Improvement Recommendations** |  |  |  |  |
| **a** | N/A |  |  |  |  |
| **9.** | **Business Development Opportunities** |  |  |  |  |
| **a** | N/A |  |  |  |  |
| **10.** | **Others** |  |  |  |  |
| **a** | New Dispenser for toilet Blocks **\*\*\*\*\* Example\*\*\*\*\*\*** |  |  |  |  |
| **b** | Urinal Deodoriser**\*\*\*\*\* Example\*\*\*\*\*\*** |  |  |  |  |
| **c** | Consumables **\*\*\*\*\* Example\*\*\*\*\*\*** |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Meeting Closed:** |  |  |
| **Next Meeting:** |  | **Signature:** |
| **Chairperson:** |  |  |
| **Minutes Taken By:** |  |  |