



Food Safety Meeting Minutes -Management Review

SQF NO. 2.1.2.

Date	Frequency	Location	Month-Year
	Annual		

On a minimum monthly basis, the HACCP / Food Safety Team will meet to review HACCP / Food Safety Plan, GMP,GFSI (SQF, BRCGS, IFS, FSSC 22000, PrimusGFS, et al.)System programs, and associated documents and records.

Food Safety Team and Invited Attendees		
Position Title	Printed Name	Signature

Purpose
To review applicable programs, documents, records, and corrective actions to assure completeness and adherence to the HACCP / Food Safety Plan, GMP, andGFSI (SQF, BRCGS, IFS, FSSC 22000, PrimusGFS, et al.)System.

Discussions		
<input type="checkbox"/> Audits (Certification Body and Regulatory)	<input type="checkbox"/> GMP	<input type="checkbox"/> Safety
<input type="checkbox"/> Calibrations	<input type="checkbox"/> Hazard Risk Management	<input type="checkbox"/> Sanitation
<input type="checkbox"/> CCP's	<input type="checkbox"/> Maintenance	<input type="checkbox"/> SQF System
<input type="checkbox"/> Quality	<input type="checkbox"/> Outstanding Business	<input type="checkbox"/> Test Records
<input type="checkbox"/> Corrective Action, Investigation, and Resolutions	<input type="checkbox"/> Packaging Equipment	<input type="checkbox"/> Personnel Training, Development, and Resourcing
<input type="checkbox"/> Customer Complaints	<input type="checkbox"/> Policy Manual	<input type="checkbox"/> Vendor / Supplier Program
<input type="checkbox"/> Customer Procedures	<input type="checkbox"/> Procedures	<input type="checkbox"/> Incidents and Unusual Occurrences
<input type="checkbox"/> Deviation Report	<input type="checkbox"/> Processing	<input type="checkbox"/> Food Safety Culture/Survey
<input type="checkbox"/> Follow-up Items from Previous Management	<input type="checkbox"/> Recall / Product Withdrawal / Mock	
<input type="checkbox"/> Food Safety	<input type="checkbox"/> Raw Materials	
<input type="checkbox"/> Formulation	<input type="checkbox"/> Pest Control	
<input type="checkbox"/> Packaging Materials	<input type="checkbox"/> Internal Audit Findings	
<input type="checkbox"/> Changes to Personnel	<input type="checkbox"/> External Audit Findings	<input type="checkbox"/> Outcomes of Corrective Action
A meeting was not held due to:	<input type="checkbox"/> No changes recorded to the current program <input type="checkbox"/> Missed meeting – will be added to the next meeting agenda.	
Note		

Discussions

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Action Items

4

Follow up Meetings or next Management Review date:

4

Minutes Recorded by**Senior Management Reviewed By**

Name:

Name:

Position:

Position: