



Food Safety Meeting Minutes -Management Review

Date	Frequency	Location	Month-Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Discussions				
<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				
Action Items				
Follow up Meetings or next Management Review date:				

Discussions

Minutes Recorded by

Senior Management Reviewed By