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| **Attendees:** | | | **Date and Location** | |
| Executive Management –  Design and Development –  Operations –  Sales and Marketing –  Quality and Regulatory – | | |  | |
| **Topics Discussed:** | | **Notes:** | | |
| 1. QMS General    * Previous Meeting Follow-Up | |  | | |
| 1. Design and Development    * Performance to Schedule and Budget | |  | | |
| 1. Operations    * Performance to Forecast    * Cost to Budget    * Approved Supplier List | |  | | |
| 1. Sales    * Orders to Forecast    * Customer Feedback/Satisfaction | |  | | |
| 1. Quality    * CAPA, SCAR, & ECO’s    * Customer Complaints    * Internal/External Audits    * Medical Device Reporting    * Post Market Surveillance | |  | | |
| 1. Management    * Quality Policy and Objectives    * QMS Changes and Resource Needs    * RA Changes (US, ISO, EU, Canada) | |  | | |
| **Management Review Assessment** | | | | |
| *By signing below, I certify that the above material was reviewed and the quality management system was determined it to be suitable, adequate, and effective.* | | | | |
| **Name, Title** | **Signature** | | | **Date** |
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