



Design Review Meeting Report - <Offering ID>

Document Number: <#>

Version: <#>

How to Use the Form:

1. All **BLACK** text shall remain in the document. **BLUE** text serves as instructions, description, or examples and is to be deleted, modified and replaced. All **GREY** text is to be evaluated for relevance within the SOP, if the **GREY** text is relevant the text shall be turned **BLACK**, if the **GREY** text is not relevant it shall be deleted.
2. All text shall be **BLACK** when completed.
3. Delete this page after creating the document.



Design Review Meeting Report

Approver	Signature (Printed Name, Title)	Date (dd-MMM-yyyy)
(Printed Name, Role)	(Signature)	
(Printed Name, Role)	(Signature)	
(Printed Name, Role)	(Signature)	
(Printed Name, Role)	(Signature)	
(Printed Name, Role)	(Signature)	
(Printed Name, Role)	(Signature)	



Design Review Meeting Report

Date: <dd-MMM-yyyy>

☐ Planning Review ☐ Requirements Review ☐ Testing Review ☐ Release Review

Attendees

<Appropriate persons having technical expertise comparable to the developers with appropriate experience to challenge the design. Also, design reviews must include a minimum of one person who does not have direct responsibility for the design stage under review (See Design Review SOP (WH_QMS_SOP_0026))>

<Name (role)>

Role	Name
<Role>	<Name>
<Role>	<Name>
<Role>	<Name>
<Role>	<Name>
<Role>	<Name>

Agenda

<Design review meetings shall cover (at a minimum):>

- <Review of any open action items from the last design review>
- <Evaluation of relevant plans, requirements, designs, testing, and release information>
- <Identification of concerns (issues and potential problems with the design)>



- <Resolution of those concerns>
- <Discussion of implementation strategies to address corrective actions including status reports and updates>

Key Points Discussed		
No.	Topic	Highlights
1.	<Topic reviewed in the meeting>	•
2.	<Topic reviewed in the meeting>	•
3.	<Topic reviewed in the meeting>	•
4.	<Topic reviewed in the meeting>	•
5.	<Topic reviewed in the meeting>	•



Action Plan			
No.	Action Item(s)	Owner	Target Date
1.			
2.			
3.			
4.			
5.			

Review Assessment Conclusion	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can the offering continue to the next step?

1 Version History

Version	Change	Revised By	Date (dd-MMM-yyyy)
1.0	Original	N/A	
2.0	Describe	Author Name	