

[organization name]

## Appendix 4 – Design Review Minutes

Project name

Project meeting date

Input requirements:

Test documents:

Project phases:

Phase no.	Phase name	Test documents	Test documents	Requirements	Note:
1.					
2.					
3.					
4.					

Are all project phases reviewed?

Yes

No

Were there any changes in the project?

Yes

No

Project changes

Change No.	Date	Reason for change	Change description	Approved by
1.				
2.				

**Commented [16A1]:** Delete the whole table if there were no changes in project.

**Commented [16A2]:** This is done by project manager or design and development team leader.

[organization name]

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Did changes affect the project or development of a new product?

- Yes  No

**Commented [16A3]:** Delete if there were no changes in project.

Were validation activities conducted to ensure that the resulting products and services meet the requirements for the specified application or intended use?

- Yes  No

**Commented [16A4]:** Validation activities are conducted to ensure that the resulting products and services meet the requirements for the specified application or intended use.

Project address:

Project manager:

Where are project activities conducted?

- At customer  At organization

Project address:

Project manager:

Date of testing/production of the product:

Project manager:

[job title]

[name]

\_\_\_\_\_  
[signature]