[organi	zation name]					_
Appe	ndix 4 – D	esign Review Min	utes			
Proper						
Project	starting dat	e:				
Input d	ocuments:					
Proper	phone:					
Phase no.	Phase nam	е	Output documents			
1.						
2.						
3.						
4.	***************************************					
		es reviewed / authorize	ed? ■ No		<u> </u>	
■ Ye	es.					
		rigin is the project				
■ Ye			■ No			
	changes					Commented [AS91001]: Delete the whole table if there wer no changes in project.
Change No.		to the stage	Tongs Stortgille	Approved by		Commented [AS91002]: This is done by project manager or design and development team leader.
1.						
2.						
Did cha	nges affect	the project or developn	nent of a new product?			Commented [AS91003]: Delete if there were no changes in project.
	4 – Design Re					

[organization name]			
■ Yes		■ No	
■ Yes		■ No	Commented [AS91004]: Validation activities are conducted to ensure that the resulting products and services meet the requirements for the specified application or intended use.
- 163		– NO	
	Project manager:		
■ At customer	■ At organiza	tion	
Project validation date:			
	Property congen		
Date of starting production of new product:			
	Project recognic		
[job title] [name]			
[signature]			
Appendix 4 – Design Review Minutes	ver. [version] f	rom [date] Page 2	of 2

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