

[organization name]

## Appendix 4 – Design Review Minutes

Project name

Project start date

Input requirements:

Output requirements:

Project phases:

Phase no.	Phase name	Start date	End date	Responsible	Note:
1.					
2.					
3.					
4.					

Are all project  ?

Yes

No

Were there any  ?

Yes

No

Project changes

Change No.	Date	Change description	Change justification	Approved by
1.				
2.				

Did changes affect the  ?

**Commented [9A1]:** Delete the whole table if there were no changes in project.

**Commented [9A2]:** This is done by

**Commented [9A3]:** Delete if there were no changes in project.

[organization name]

Yes

No

Do project deliverables meet  ?

Yes

No

Project verification date:

Project manager:

Method of project validation:

Date of

Project manager:

[job title]

[name]

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

**Commented [9A4]:** Validation activities are conducted to ensure that the resulting products and services meet the requirements for the specified application or intended use.