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| **Management Review Minutes and Actions** |  |

Date of Meeting : Attendees :



| **No** | **Agenda Item** | **Discussion / Action** | **Actionee** | **Tgt Date** | **Status** |
| --- | --- | --- | --- | --- | --- |
| 1 | **The status of:** 1. actions from previous management reviews
 |  |  |  |  |
| 2 | **Any changes in:**1. external & internal issues
2. significant new hazards
3. risks & opportunities
4. legal requirements
 |  |  |  |  |
| 3 | **The review of:**1. appropriateness of policies & objectives
2. customer concerns and communication with interested parties
3. improvements / corrective actions and their effectiveness
4. accidents, incidents and near misses
 |  |  |  |  |
| 4 | **The extent to which:**1. health and safety objectives have been met
2. objectives are still valid
3. the audit schedule is being achieved
 |  |  |  |  |
| 5 | **The results of:**1. monitoring and measurement of H&S performance
2. participation and consultation with the workforce
3. internal audits
4. external audits
5. evaluation of compliance with legal requirements
 |  |  |  |  |
| 6 | **The performance of:**1. external providers
2. our health and safety management systems
 |  |  |  |  |
| 7 | **Assessment of:**1. the adequacy of resources for H&S management
2. completed employee training and competency levels
3. planned further training requirements
4. risk assessments and SSOW
 |  |  |  |  |
| 8 | **The identification of:**1. opportunities for improvement
2. areas of concern
3. sites not complying with the HSMS
 |  |  |  |  |
| 9 | **AOB:** |  |  |  |  |