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| **Form for management reviews****FOR-045** |
| (3) **Place of storage of this record:**Folder REC | (1) **Consecutive No. :** |  |
| (2) **Date:** |  |
| **REVIEW PLAN**  |
| (4) **Objective of the review:**  |
| (5) **Criteria of the review (normative standards):** |
| (6) **Scope of the review:**Area of the Laboratory: Activities or services:Date of review: Reviewer team: |
| (7) **SCHEDULE OF THE REVIEW** |
| ***Topic***a) changes in internal and external issues that are relevant to the laboratory;b) compliance with objectives;c) adequacy of policies and procedures;d) status of actions from previous reviews;e) result of recent internal audits;f) corrective actions;g) evaluations by external organizations;**[..]** | ***Date*** | ***Hour*** |
| (8) **FINDINGS OF THE REVIEW** |
| *Document analyzed:*1.2.3.4.5. |
| ***Description of the findings***a)b)c)d)e)f)g)h)i)j)k)l)m)o) | ***Actions to apply*** | ***Responsible/date*** |
| Conclusions of the review: |
| Is it required corrections and/or corrective actions? | No |  | Yes |  | Responsible/date: |
| Is it necessary improvements? | No |  | Yes |  | Responsible/date: |
| Is a follow-up audit/review required? | No |  | Yes |  | Responsible/date: |
| (9) **Closing of the review** |
| ***Performed by:***Name and signature:Name and signature: | **Date of closing:** |

**Ref: QM**

**Instructions for filling:**

(1) Insert the consecutive number of the record, e.g. 001/2019.

(2) Indicate the date of record.

(3) Insert the physical location or electronic path where the form should be stored or collected once it is full (converted into a record).

(4) Indicate the objectives pursued by the review.

**[…]**