

MRM NO. : _____ **DATE :** _____ **Review Period : FROM** _____ **TO :** _____

Present Members :

Sr. No.	Name	Dept.	Sign.	Sr. No.	Name	Dept.	Sign.

Sr. No.	Agenda Points	Discussions / Action Taken	Responsibility	Target
1	Carry over points of previous meeting			
2	Results of audit and pending NCR status			
3	Customer related (Satisfaction and dissatisfaction issues)			
4	Trend in Key indicators (Quality Objectives)			
5	Corrective / preventive actions			
6	Issues affecting quality management systems			
7	Resource Requirements if any			
8	Points for continual improvement			

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9	Any other relevant points			
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Summary of MRM Outputs

No	Details

PLEASE ATTACHE EXTRA SHEETS FOR ADDITIONAL INFORMATION AND MENTION THE PAGE DETAILS ATTACHED IN THE MAIN SHEET

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