Required Attendees: *(Adjust list to add your names and positions)*

Executive Manager: Chief Executive Officer or President

Executive Management Team: Management Representative
Safety Manager
Detailing Manager
Purchasing Manager
Fabrication or Operations Manager
Quality Assurance Manager
Quality Control Manager

***Part I (Schedule)***

The first part of this *sample* agenda may help you to plan and assemble the resources needed to conduct a management review of the Quality Management System (QMS) & Safety Management System (SMS). (See AISC 207-16; Chapter 1.5.2 & 5.5.2)

The matrix may be helpful when establishing a schedule for each item that must be covered in the review. These items, as a minimum, are to be covered at least once per year. (A greater frequency may be desired for a more effective review) Note: There is no requirement that they be considered at the same time.

It is recommended to decrease the connection between the management review of your Quality Management System and periodic production meetings. For more information about planning, conducting, and getting the most value from your QMS management review, refer to the Quality Corner article, “Management Review – A process not an event,” by L. Martof, in the October 2006 issue of *Modern Steel Construction.*

|  |
| --- |
| **Blue topics are “review” in nature. Meaning, the status should be assessed and reported on.****Red topics are “preview” oriented. Meaning, generate a plan for things to be implemented, as applicable.** |
| **Agenda Item****(establish schedule - each item at least once per year)** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| Quality Policy, Goals & Objectives |  |  |  |  |  |  |  | X |  |  |  |  |
| Safety Policy, Goals & Objectives |  |  |  |  |  |  |  | X |  |  |  |  |
| Previous Mgmt. Reviews |  | X |  |  | X |  |  | X |  |  | X |  |
| Audit Results (Internal & AISC) |  | X |  |  |  |  |  |  |  |  |  |  |
| Safety Audit Results (Internal & External) |  | X |  |  |  |  |  |  |  |  |  |  |
| Customer Feedback |  |  |  |  |  |  |  |  |  |  | X |  |
| Customer Feedback for improving Safety |  |  |  |  |  |  |  |  |  |  | X |  |
| Product Nonconformance |  | X |  |  | X |  |  | X |  |  | X |  |
| Process Nonconformance |  | X |  |  | X |  |  | X |  |  | X |  |
| Process Nonconformance related to Safety Management System |  | X |  |  | X |  |  | X |  |  | X |  |
| Corrective Action |  | X |  |  | X |  |  | X |  |  | X |  |
| Equipment Inspection |  |  |  |  | X |  |  |  |  |  |  |  |
| Training |  |  |  |  |  |  |  | X |  |  |  |  |
| Quality Management System Modifications |  |  |  |  |  |  |  |  |  |  | X |  |
| Safety Management System Modifications |  |  |  |  |  |  |  |  |  |  | X |  |
| Improvements for a more effective QMS |  |  |  |  |  |  |  |  |  |  | X |  |
| Product Quality Improvements |  | X |  |  |  |  |  |  |  |  |  |  |
| Resource Needs |  |  |  |  | X |  |  |  |  |  |  |  |

***Part II (Records & Use)***

If a means of conducting and documenting Management Review meetings hasn’t already been established, the examples in part II may be used as a guide, if desired.

* Mgmt. Review should be thought of as an effective tool in the push for continuous improvement. As such, the records for each area noted in Part II should be as descriptive and complete as possible.
* Ideally, facilitators (often the Management Representative) will guide the meeting but the individual process owners of the topic being discussed should provide the data for review.
* Depending on the review frequency, continuing the Part II records for each review may prove useful. This allows for quick reference to previous reviews and the assignment of previous action items.

Records from Management Reviews are Quality Records and as such, must be maintained according to the record retention policy (See AISC 207-16; Chapter 1.9)

**This is a sample and will need to be customized to fit your needs**.

**Quality Policy, Objectives & Goals**

**Safety Policy, Objectives & Goals**

*(A review of the status of achieving documented objectives & goals and establishing future goals)*

|  |  |  |
| --- | --- | --- |
|  | Meeting facilitator: |  |
| Meeting place and date: |  |
| Required resources: | ❑ Quality Policy❑ Safety Policy❑ Status of measurable goal(s)❑ Previous agenda item meeting minutes |
|  |  |
| **Analysis** | **Comments** | **Action Items** | **Responsibility** | **Due Date** |
|  |  |  |  |
|  | Attendee list: |

**Previous Management Reviews**

(*A summary of previous review meetings, including the status of action items assigned)*

|  |  |  |
| --- | --- | --- |
|  | Meeting facilitator: | ❑ |
| Meeting place and date: |  |
| Required resources: | ❑ Previous Mgmt. Review Record❑ Status of assigned Action Items |
|  |  |
| **Analysis** | **Comments** | **Action Items** | **Responsibility** | **Due Date** |
|  |  |  |  |
|  | Attendee list: |

**Audit Results – Internal & AISC**

**Safety Audit Results**

*(Summary of internal and external audits conducted since the previous management review.)*

|  |  |  |
| --- | --- | --- |
|  | Meeting facilitator: | ❑ |
| Meeting place and date: |  |
| Required resources: | ❑ Internal Audit Results (Quality & safety)❑ AISC Audit Results (Including Corrective Action Request responses)❑ Subcontractor and Supplier Audit Records❑ Previous agenda item meeting minutes |
|  |  |
| **Analysis** | **Comments** | **Action Items** | **Responsibility** | **Due Date** |
|  |  |  |  |
|  | Attendee list: |

**Customer Feedback (Including safety improvements)**

*(An assessment of customer feedback, both positive and negative, and the effectiveness of the feedback mechanism)*

|  |  |  |
| --- | --- | --- |
|  | Meeting Facilitator: | ❑ |
| Meeting place and date: |  |
| Required resources: | ❑ Documented Customer feedback results❑ Documented Quality Goal(s) & Safety Goals❑ Status of measurable goal(s)❑ Previous agenda item meeting minutes |
|  |  |
| **Analysis** | **Comments** | **Action Items** | **Responsibility** | **Due Date** |
|  |  |  |  |
|  | Attendee list: |

**Product Nonconformance**

*(An assessment of both the number and severity of product related nonconformances)*

|  |  |  |
| --- | --- | --- |
|  | Meeting facilitator: | ❑ |
| Meeting place and date: |  |
| Required resources: | ❑ Nonconformance Reports❑ Inspection Records❑ Previous agenda item meeting minutes |
|  |  |
| **Analysis** | **Comments** | **Action Items** | **Responsibility** | **Due Date** |
|  |  |  |  |
|  | Attendee list: |

**Process Nonconformance**

**Safety Related Process Nonconformance**

*(An assessment of nonconformances, including compliance with the QMS and documented procedures)*

|  |  |  |
| --- | --- | --- |
|  | Meeting Facilitator: | ❑ |
| Meeting place and date: |  |
| Required resources: | ❑ Nonconformance Reports❑ Corrective Action Reports❑ Inspection Records❑ Previous agenda item meeting minutes |
|  |  |
| **Analysis** | **Comments** | **Action Items** | **Responsibility** | **Due Date** |
|  |  |  |  |
|  | Attendee list: |

**Corrective Action (CAR)**

*(An assessment of the effectiveness of Corrective Actions taken)*

|  |  |  |
| --- | --- | --- |
|  | Meeting Facilitator: | ❑ |
| Meeting place and date: |  |
| Required resources: | ❑ Corrective Action Requests (Internal & AISC)❑ Nonconformance Reports (Product & Process)❑ Previous agenda item meeting minutes |
|  |  |
| **Analysis** | **Comments** | **Action Items** | **Responsibility** | **Due Date** |
|  |  |  |  |
|  | Attendee list: |

**Equipment Inspection**

*(An assessment of the results of equipment inspections, including the adequacy of equipment resources)*

|  |  |  |
| --- | --- | --- |
|  | Meeting Facilitator: | ❑ |
| Meeting place and date: |  |
| Required resources: | ❑ Preventative Maintenance records❑ Equipment Inspection records❑ Calibration records❑ Rental equipment data❑ Previous agenda item meeting minutes |
|  |  |
| **Analysis** | **Comments** | **Action Items** | **Responsibility** | **Due Date** |
|  |  |  |  |
|  | Attendee list: |

**Training**

*(An assessment of the adequacy of the training program, specifically the levels of qualification required)*

|  |  |  |
| --- | --- | --- |
|  | Agenda item leader: | ❑ |
| Meeting place and date: |  |
| Required resources: | ❑ Training records❑ Certification / Qualification records❑ Industry Qualification Requirements (CWI, etc.)❑ QMS Minimum Qualifications❑ SMS Minimum Qualifications❑ Previous agenda item meeting minutes |
|  |  |
| **Analysis** | **Comments** | **Action Items** | **Responsibility** | **Due Date** |
|  |  |  |  |
|  | Attendee list: |

**Quality Management System (QMS) & Safety Management System (SMS) modifications**

*(An assessment of any required or proposed modifications to the Quality Management System & Safety Management System)*

|  |  |  |
| --- | --- | --- |
|  | Meeting Facilitator: | ❑ |
| Meeting place and date: |  |
| Required resources: | ❑ Quality Manual & Procedures❑ Safety Manual & Procedures❑ Internal Audit Results❑ Results of QMS Review / Approval❑ AISC Corrective Action Requests / Areas for Concern❑ Previous Mgmt. Review records |
|  |  |
| **Analysis** | **Comments** | **Action Items** | **Responsibility** | **Due Date** |
|  |  |  |  |
|  | Attendee list: |

**Quality Management System (QMS) Effectiveness & Improvement**

|  |  |  |
| --- | --- | --- |
|  | Meeting Facilitator: | ❑ |
| Meeting place and date: |  |
| Required resources: | ❑ Quality Manual & Procedures❑ Corrective Action Request records❑ Cost/profit objectives❑ Previous agenda item meeting minutes |
|  |  |
| **Analysis** | **Comments** | **Action Items** | **Responsibility** | **Due Date** |
|  |  |  |  |
|  | Attendee list: |

**Product Quality Improvement**

|  |  |  |
| --- | --- | --- |
|  | Meeting Facilitator: | ❑ |
| Meeting place and date: |  |
| Required resources: | ❑ Nonconformance Reports❑ Corrective Action Reports❑ Status of measureable quality goal(s)❑ Previous agenda item meeting minutes |
|  |  |
| **Analysis** | **Comments** | **Action Items** | **Responsibility** | **Due Date** |
|  |  |  |  |
|  | Attendee list: |

**Resource Needs**

|  |  |  |
| --- | --- | --- |
|  | Meeting Facilitator: | ❑ |
| Meeting place and date: |  |
| Required resources: | ❑ Nonconformance Reports❑ Corrective Action Reports❑ Training records❑ Cost/profit target information❑ Previous agenda item meeting minutes |
|  |  |
| **Analysis** | **Comments** | **Action Items** | **Responsibility** | **Due Date** |
|  |  |  |  |
|  | Attendee list: |