

Date:		Time		Location	
Meeting Chairman					
Attendance Roster					
Name		Job Title/Function		EMS Function	
	Inputs to Meeting	Comments / Action Items			
☐	Audit results				
☐	Compliance Evaluations				
☐	External Communications				
☐	Environmental Performance (esp Key Characteristics)				
☐	Objectives and Targets Status				
☐	CARs and PARs Status				
☐	Followup Actions from Previous MRs				
☐	Changing Circumstances (esp Legal Req't's)				
☐	Recommendations for Improvements				
Management Review Declaration Statement					
1) Is the EMS suitable, adequate and effective?		Yes ☐		No ☐	
2) Have opportunities been assessed for improvement?		Yes ☐		No ☐	
3) Does the EMS need to be changed (policy, targets, objectives, other)?		Yes ☐		No ☐	
Comments:					
Next Meeting Scheduled					
Date		Time:		Location	
Topic					