



MANAGEMENT OF INFORMATION SYSTEM (MIS)

F-MIS-003 Version: 02 Revision: 00 Effective Date: March 24, 2018	DESIGN REVIEW AND VERIFICATION	No.: _____ Date: _____
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Project Name:	Project/Design Number:
Customer:	Reference P.O.:
Type of Review: <input type="checkbox"/> Design Concept, Design Planning <input type="checkbox"/> Technical Discussions with Customer <input type="checkbox"/> Detailed Drawing <input type="checkbox"/> Others _____	
Discussions:	
Resolutions:	
Attendance:	
Prepared by:	Date:
Approved by:	Date:

Attachments/References:
