



Location: _____

AGENDA

HSE MANAGEMENT REVIEW COMMITTEE (MRC) MEETING

MEETING TYPE	MEETING DATE	MEETING TIME	MEETING LOCATION

MEETING CALLED BY	
DEPARTMENT/ SECTION	

AGENDA TOPICS

1. Previous items (follow-up)
2. Improvement
 - a) Summary of incidents and actions taken/ follow-ups
 - b) External complaints received and follow-ups
 - c) No. of CPRs issued, pending, closed & their effectiveness
3. Leadership
 - A) Status of objectives/ targets and goals
 - B) Surprise visits/ Walkthroughs by location management
4. Planning
 - A. Vulnerabilities identification and impact (risk) assessment
 - B. Any regulatory requirement/ compliance issue
5. Support
 - A) Training need analysis, gaps, and effectiveness
 - B) Toolbox Talks effectiveness + Analysis of Stop Cards
 - C) Status of labels, signs, etc.
6. Operation
 - A) Pollution prevention measures (summary of waste collected from each Section and safe disposal & measures to minimize waste generation at source)
 - b) Accidents prevention measures (summary of modification/ maintenance jobs and risk management & permit system)
 - C) Status of Personal Protective Equipment (PPE)
 - D) Emergency (mock-up) drills and effectiveness
7. Performance evaluation
 - a) Status of Occupational Health Monitoring (planned vs actual)
 - B) Status of Environment Monitoring (planned vs actual)
 - C) Status of Safety Monitoring (planned vs actual)
 - d) Outcome of internal HSE audits & follow-up
8. Other

DISTRIBUTION			
NAME	DESIGNATION	NAME	DESIGNATION

PREPARED BY	
REVIEWED BY	
APPROVED BY	