



Review Details

	eview Item: art Time:	·	Revision: End Time:	Phase: Total Effort:
Type: Defect, Comment, Suggestion for Impro	_	verity: Major, MiNor		ents, D esign, I mplementation, T esting

Item No.	Location	Type	Severity	Origin	Description	Rework Signoff
1.						~-8
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ACCEPTED	NOT ACCEPTED
As is	Rereview after rework
Conditionally upon verification	Review not completed

Review Signoff (sign to indicate acceptance of Review Disposition)

Role	Signature
Moderator	
Author	
Recorder	
Reader	
Reviewer	
Reviewer	

Review Metrics

# Reviewers	Meeting Duration (mins)	Total Planning Effort	Total Overview Effort	Total Prep Effort (mins)	Actual Rework Effort	# Defects	# Major Defects	# Minor Defects	# Comments	# Suggestions for	# Pgs. or	# Pgs. or
	(IIIII3)	(mins)	(mins)	(IIIII3)	(mins)		Defects	Bereets		Improvement	LOC Planned	LOC Actual

Review Verification Signoff (sign to indicate all rework has been completed satisfactorily and all Review metrics logged)

Moderator	
Author	