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| Deliverable Quality Review and Acceptance Form  |

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| **General Information** |
| **Deliverable Name** | *[Enter the name of the deliverable.]* | **DEL #** |  |
| **Deliverable Description** | *[Enter the description of the deliverable from the Deliverables Register.]* |
| **Acceptance Criteria** | *[Enter the acceptance criteria for the deliverable from the Deliverables Register.]* |
| **Submitted By** | *[Enter the name of the person who submitted the deliverable for review and acceptance.]* |
| **Date Submitted** | *[Enter the date the request is being submitted.]* |
| **Is this an amendment to the approved deliverable?** | **[ ]** Yes | **[ ]** No |
| **Changes Made** | *[If Yes above, briefly describe the change. If No, enter N/A.]* |
| **Reason for Change** | *[If Yes above, describe the reason for the change. Include reference ID for any change request or decision. If No, enter N/A.]* |

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| **Acceptance Information** |
| **Reviewed By** | *[Enter the name of the person who reviewed the deliverable.]* |
| **Review Date** | *[Enter the date the review was completed.]* |
| **Accepted By** | *[Enter the name of the person who accepted the deliverable.]* |
| **Accepted Date** | *[Enter the date the review was accepted.]* |
| **Acceptance Response** | **[ ]** Accepted.[ ]  Not Accepted until below issues are addressed.[ ]  Conditionally accepted provided below issues are addressed. |
| **Issues** | *[Document any issues that need to be addressed.]* |
| **Additional Comments**  | *[Document additional comments.]* |