***GUIDELINES FOR THE TEST PLAN CHECKLIST:***

This checklist is provided as part of the evaluation process for the Test Plan. The checklist assists designated reviewers in determining whether specifications meet criteria established in HUD’s System Development Methodology (SDM). The objective of the evaluation is to determine whether the document complies with HUD development methodology requirements.

Attached to this document is the DOCUMENT REVIEW CHECKLIST. Its purpose is to assure that documents achieve the highest standards relative to format, consistency, completeness, quality, and presentation.

Submissions must include the following three documents, and must be presented in the following order: (First) Document Review Checklist, (Second) the Test Plan Checklist, and (Third) the Test Plan.

Document authors are required to complete the two columns indicated as “AUTHOR X-REFERENCE Page #/Section #” and “AUTHOR COMMENTS” before the submission. Do NOT complete the last two columns marked as “COMPLY” and “REVIEWER COMMENTS” since these are for the designated reviewers.

Document reviewers will consult the HUD SDM and the SDM templates when reviewing the documents and completing the reviewer’s portions of this checklist.

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| AUTHOR REFERENCE (Project Identifier): |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Designated Reviewers:*** | ***Start Date:*** | ***Completed Date:*** | ***Area Reviewed:*** | ***Comments:*** |
| *1:* |  |  |  |  |
| *2:* |  |  |  |  |
| *3:* |  |  |  |  |
| *4:* |  |  |  |  |
| *Summary Reviewer:* |  |  |  |  |

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| **The Test Plan (Unit and Integration) establishes the tests which will be performed, establishes testing schedules, and identifies responsibilities for testing the system during development activities.**  |

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|  | **To be completed by Author** | **To be completed by Reviewer** |
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| **REQUIREMENT** | **AUTHOR X‑REFERENCE Page #/Section #** | **AUTHOR COMMENTS** | **COMPLY** | **REVIEWER COMMENTS** |
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| 1.6 | **Points of Contact:** |

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|  |  |  | **Y** | **N** |  |
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|  | **To be completed by Author** | **To be completed by Reviewer** |
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|  | **To be completed by Author** | **To be completed by Reviewer** |
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|  |  |  | **Y** | **N** |  |
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