

Agile (IIV&V) Artifact Review Workshop

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CS577a
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Outline

What to Review

Review the Forms

Fill in Log: Input from IIV&Vers (only?)

What to Review

My presentation (just given): ec16-1=CM&QM&PR

Agile Artifact Review Forms

Concern (Issues) Log

Project Name:				Review #				
Artifact:				Review Date:				
Module:				Review Time:				
MBASE Phase/level:								
Activity:								
Exit Criteria:								
Reviewer:				Date Sent to Reviewer:				
Reviewer email:				Date Returned to Author:				
Reviewer phone:				Date Returned to QAT:				
Auhor:				Total Preparation Time:				
<p>Use this sheet to record the areas of concern that come up during your reading/review of the Artifact. Give the "location" information and the associated technical description of the area of concern to indicate to the developer/author during his/her analysis of this information about the relevant part of the Artifact. Give your opinion for the classification of the area of concern in M/W/E field. Write in letter each for Missing(M)/Wrong(W)/Extra(E). Also, rank the priority and criticality in both field as High, Medium or Low.</p> <p>Keep this sheet with you during the analysis of the artifact. When an area of concern you recorded here requires corrective action and is placed on the artifact's Problem list, note the number of the Defect/Issue(s) in the Areas of Concern Log. Problems are things you believe the author of this artifact can/should fix; "open issues" are things which can not be corrected solely in this artifact or at this time.</p>								
#	Location(s)	Area of concern				M/W/E	Priority	Criticality

Agile Artifact Review Forms (cont.)

Defect/Issue Log

Project Name:	_____	Review #:	_____ - _____
Artifact:	_____	Date:	_____
Module:	_____	Activity:	_____
Type of review: [Indepent] Review		MBASE Phase/level:	_____
Review Date(s):	_____		
No. of Priority:	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
No. of Criticality:	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
No. of open issues	<input type="checkbox"/>		
Comments:	_____		

Defects/Issues									
D/I #	Location (s)	Description	Classification	Priority	Criticality	Activity of Defect Injection (Requirements, Design, Code, etc.)	Location of correction(s)	Date of fix	Comments
			<input type="checkbox"/> Missing <input type="checkbox"/> Wrong <input type="checkbox"/> Extra <input type="checkbox"/> Open issue	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				
			<input type="checkbox"/> Missing <input type="checkbox"/> Wrong <input type="checkbox"/> Extra <input type="checkbox"/> Open issue	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low				