

# Agile (IIV&V) Artifact Review Workshop

A Winsor Brown  
AWBrown@CSE.USC.edu

CS577a  
September 28, 2005

# Outline

**What to Review**

**Review the Forms**

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

## What to Review

**My presentation from previous lecture:  
ec11-2[DefectID=PeerReviewPracsWrkshp]v0.ppt**

- Will be "walked through" on monitor
- I will record Issues/Concerns and dispositions on active Forms.
- When we stop? (in 5-10 minutes) or interlaced form's content presented

# Agile Internal Review Forms

## Concern (Issues) Log

Project Name:			Review #	-	
Artifact:			Review Date:		
Module:			Review Time:		
MBASE Phase/level:					
Activity:					
Exit Criteria:					
Review Leader:			Date Sent to Reviewer:		
Review Leader email:			Date Returned to Author:		
Review Leader phone:			Date Returned to QAT:		
Auhor:			Total Preparation Time:		
Reviewer 1:		Reviewer 2:		Reviewer 3:	
Reviewer 4:		Reviewer 5:		Reviewer 6:	

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.

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.

#	Location(s)	Area of concern	M/W/E	Priority	Criticality

# Agile Internal Review Forms (cont.)

## Defect/Issue Log

<b>Project Name:</b>	_____	<b>Review #:</b>	_____ - _____
<b>Artifact:</b>	_____	<b>Date:</b>	_____
<b>Module:</b>	_____	<b>Activity:</b>	_____
<b>Type of review:</b> [Indepent] Review		<b>MBASE Phase/level:</b>	_____
<b>Review Date(s):</b>	_____		
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"/>		
<b>Comments:</b>	_____		

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				