**DIVISION OF RESEARCH AND INNOVATION - Computer Systems Validation Testing Sheet**

|  |  |
| --- | --- |
| System name (hardware / software): |  |
| System version: |  |
| Study title *(if applicable)*: | *Delete row if not applicable* |
| R&D number *(if applicable)*: | *Delete row if not applicable* |
| Description | *Brief description of how the testing will be done* |
| Test start date: |  |

*Choose the most suitable table below to record the testing and delete the other. You may need to modify for your own use depending on the system. If validation tests are required to be done on more than 1 device then multiple tables may be required (headed with the device name).*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Test No | Test dateDD-MMM-YY | Test description | Expected behaviour/outcome | Actual behaviour/outcome | Pass/Fail | Comment(If test fails; note how it will be resolved and time scales) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Test | User | DateDD-MMM-YY | Works as expected? (Y/N) | Reasons, Notes and Actions | Retest DateDD-MMM-YY | Works as expected on retest? (Y/N) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Testing Completed by**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Initials | Role | Post | Signature | Date |
|  |  | *e.g. user or system administrator* |  |  |  |