



***Modification Delivery and  
Acceptance Form***

## Using the Modification Delivery and Acceptance Form

<b>Completed by:</b>	Local FACTS Office Programmer and/or FACTS Implementation Consultant and signed by the customer.
<b>Purpose:</b>	To provide the Customer with instructions on how to test the modification, to document any rework needed and to obtain the Customer's sign-off on the modification.
<b>How it is used:</b>	<p>After the modification is delivered, it must be tested by the Customer. Write up the testing instructions on this form and give it to the Customer. You should agree on a date for completion of the testing (generally thirty days from the start of testing).</p> <p>After testing, any rework required is noted on the form under Rework Notes. If more than one cycle of rework is required, a Rework Version Number is assigned and recorded at the top of the form.</p> <p>Use the gray area of the form to obtain the customer's sign-off on delivery, testing, training and final acceptance of the modification.</p>
<b>When it is used:</b>	During Modifications
<b>Who uses it:</b>	Local FACTS Office and Customer
<b>File under:</b>	Installing the System/Modifications
<b>Last revised:</b>	05/01
<b>File:</b>	<p>Modification Delivery Acceptance.exe</p> <p>This is a self-extracting zipped MS Word document and must be printed/viewed through MS Word. This file is located in the Software Solutions Nexus – Facts/Documentation and Education/PIA.</p> <p>Note: The Software Solutions Nexus is a private extranet and is available for local Facts personnel only.</p>

## Modification Delivery and Acceptance Form

Mod Spec #: \_\_\_\_\_ WorkSheet #: \_\_\_\_\_ Rework Revision #: \_\_\_\_\_

Modification Description:

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Installation, Setup and Testing Instructions:

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Rework Notes / Comments:

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### Delivery

Installed By: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

### Customer Testing

Date To Complete By: \_\_\_\_\_

Tested By: \_\_\_\_\_ Date: \_\_\_\_\_

### Training

Person Trained: \_\_\_\_\_ Date: \_\_\_\_\_

Person Trained: \_\_\_\_\_ Date: \_\_\_\_\_

**Final Acceptance**

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_