## CXXXXX: ‘To verify that the (Titulo del Test Case)’ (CADD-SYSDI-XXX and CADD-HWDI-HOUS-86 *– Listar todos los reqs*).

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| **GENERAL INFORMATION SECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Test Executor** | | | **Print Name** | | | | | | | | | | | | | | | | | | | | **Sign Name / Date** | | | | | | | | | | |
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| **Start Test** | | | **Date** | | | | | | | | **Time** | | | | | |  | **Completion Test** | | | | **Date** | | | | | | **Time** | | | | | |
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| **Environmental Conditions** | | | | | | | | | | | | | | | | |  | **Test Designation** | | | | | **Descriptions** | | | | | | | | | | |
| **Condition** | | | **Temperature** | | | **RH%** | | | **Sign/Date** | | | | | | | |  | **Test Run ID:** | | | | |  | | | | | | | | | | |
| **Initial** | | | N/A | | | N/A | | | N/A | | | | | | | |  | **Test Case ID:** | | | | | CXXXXX | | | | | | | | | | |
| **Final** | | | N/A | | | N/A | | | N/A | | | | | | | |  | **Test ID:** | | | | |  | | | | | | | | | | |

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| **DOCUMENTATION SECTION** |

| **Documents number** | **Documents description** | **Revision** |
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# Table 1. Requirements CADD-SYSDI-XXX and CADD-HWDI-XXXX-XXX conditions verification

| **Step** | **Sub-step** | **Requirement** | **Description** | **Result** | **Sign Name/Date** |
| --- | --- | --- | --- | --- | --- |
| 1 | 1 | CADD-SYSDI-XXX  (condition) | ***Resumen de paso en Test Case*** | Pass □ / Fail □ |  |
| 1 | 1 | CADD-SYSDI-XXX  (condition) | ***Resumen de paso en Test Case*** | Pass □ / Fail □ |  |

# Table 2. Requirements CADD-SYSDI-755 and CADD-HWDI-HOUS-86 verification

| **Requirement ID** | **Description** | **Result** | **Signature/Date** |
| --- | --- | --- | --- |
| CADD-SYSDI-XXX | Texto del requerimiento | Pass □ / Fail □ |  |
| CADD-HWDI-XXXX-XXX | Texto del requerimiento | Pass □ / Fail □ |  |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Test Reviewer** | **Print Name** | **Sign Name / Date** |
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