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| Functional Configuration Audit (FCA) Checklist | | | |
| **CI Nomenclature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_ CI/CSCI Identifier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Release # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ | | | |
| Requirements | **Yes** | **No** | **NA** |
| 1. Facilities for Conducting FCA Available |  |  |  |
| 2. Audit Team members have been identified and informed of audit |  |  |  |
| 3. Audit Team members are aware of their responsibilities |  |  |  |
| 4. General Requirements Specification (GRS) or all of the following two documents: Software Requirements Specification (SRS), System Specification (SS) |  |  |  |
| 5. Waiver or Deviation List Prepared |  |  |  |
| 6. Verification Test Procedures Submitted (Test transactions) |  |  |  |
| 7. Verification Test Procedures Reviewed and Approved (Test transactions) |  |  |  |
| 8. Verification Testing Completed and results available (System Qualification Test) |  |  |  |
| 9. Verification Test Data and Results Reviewed and Approved |  |  |  |
| 10. Test Results submitted (if available or applicable) |  |  |  |
| 11. Verification Testing Witnessed |  |  |  |
| 12. Test Readiness Review I and II (TRR I and TRR II) completed |  |  |  |
| 13. Test Readiness Review I and II (TRR I and TRR II) minutes and open action items from past reviews available |  |  |  |
| 14. Copy of baseline and database change requests with their associated status accounting records along with all design *(Problem Reports and Deficiency Reports (PRs and DRs), etc.)* provided |  |  |  |
| 15. Other inputs as specified by the functional requirements and planning documents (i.e. ORD, RTM) |  |  |  |
| **Signature of FCA Team Members: Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Check one:**  Results reviewed satisfy the requirements and are accepted (See attached comments).  Results reviewed do not satisfy requirements (See attached comments and list of deficiencies).  Approved by: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |