

CLOSURE PHASE REVIEW

Project Name

Phase Name

**PHASE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Name** |  | | |
| **Project Manager** |  | **Phase Name** |  |
| **PMO Manager** |  | **Phase Start Date** | Click here to enter a date. |
| **DEV. Manager** |  | **Phase Finish Date** | Click here to enter a date. |

**PHASE ACCEPTANCE CRITERIA**

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Yes** | **No** | **Comments** |
| Have all work products been defined, baselined, technically reviewed and accepted? |  |  |  |
| Has the configuration audit report been issued and reviewed? |  |  |  |
| Have all configuration audit non-compliances and issues been resolved? |  |  |  |
| Has the process audit report been issued and reviewed? |  |  |  |
| Have all process audit non-compliances and issues been resolved? |  |  |  |
| Is the project's risk profile acceptable to enter the next phase? |  |  |  |
| Has the project performed acceptable on schedule? |  |  |  |
| Has the project's lessons learned profile been enriched with new items? |  |  |  |

**PHASE COMPLETION CERTIFICATE**

This is to certify that the all work products, checkpoints and required outputs of the Phase have been completed in accordance

|  |  |
| --- | --- |
| By signing this document, I acknowledge that I have completed the stated milestone at the agreed to quality levels. | By signing this document, I acknowledge that the work products and checkpoints that make up the Phase have been reviewed and received by SCTH at the agreed to quality levels & Acceptance Criteria. |
| **Project Manager**  **Signature:**  **Date:** | **PMO Signature:**  **Date:** |