FSA SOLUTION LIFE CYCLE (SLC)

Formal Signoff Document

Phase Name: **Construction**

Deliverable Name: **Production Readiness Review (PRR) Conducted**

Responsible: _____
(Project Manager Name)

_____ _____
(Project Manager Signature) **(Date)**

_____
(IPT Representative Name)

_____ _____
(IPT Representative Signature) **(Date)**

_____
(QA Lead Name)

_____ _____
(QA Lead Signature) **(Date)**

_____
(Executive Sponsor Name)

_____ _____
(Executive Sponsor Signature) **(Date)**