

Error Report Form

Identification - completed by the IT team lead

System: ePeGS **Subsystem:** Plan/Grant (circle) **Version:** ____

Number: _____

Priority: _____

Status Response: _____

Completed by the tester

Window/Page Name: _____

Date Reported: _____

Type: Observation Problem
 Requirement Cannot Continue Test

Reported By: _____

Fix/Resolution Accepted: Date _____

By _____

Error Description: (one error per form)

Completed by the developer

Date Fixed: _____

Fixed By: _____

Resolution: