ASR System Consolidation



Customer Testing

Defects

**Directions**: Please complete the fields below, save the form and send as an e-mail attachment to [asrconsolidationtesting@centurylink.com](mailto:asrconsolidationtesting@centurylink.com). For additional details, please refer to Section **3.7 Defect** of the CenturyLink ASR Consolidation Customer Test Plan.

**Defect No:  *(Internal Use only)***

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| --- | --- | --- | --- |
| **DATE TESTED:** | Click here to enter a date. | | |
| **DETECTED BY:** | Tester’s Name | **EMAIL:** | Tester’s Email |
| **COMPANY:** | Company’s Name | **CCNA:** | Company’s CCNA |

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| --- | --- | --- | --- |
| **TEST CASE NAME:** | Found in Column A of the Potential Test Case worksheet. | **TEST CASE NO:** | Found in Column B of the Potential Test Case worksheet |
| **PON (if applicable):** | Enter the test PON created. | **STATUS:** | *Choose a status.* |
| **CHANNEL/INTERFACE:** | Chose a Channel/Interface | **SEVERITY:** | Severity Level. |

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| --- | --- |
| **DEFECT DESCRIPTION:** | *In the cell below, enter step by step instructions detailing how the defect was produced.* |
| Click here to enter text. | |

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| --- | --- |
| **EXPECTED RESULTS:** | *In the cell below, enter the detailed description of the expected outcome of the test.* |
| Click here to enter text. | |

|  |  |
| --- | --- |
| **OBSERVED RESULTS:** | *In the cell below, enter the detailed description of the observed results of the test.* |
| Click here to enter text. | |

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| **ERROR CODE(s) & DESCRIPTION(s):** | *In the cell below, enter the error codes and descriptions of each error messages.* |
| Click here to enter text. | |

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| --- | --- |
| **SCREENSHOTS:** | *Please provide screenshots of error messages produced. Double click icon to insert an image.* |

