

# Data Validation Entry Form

## 1. Data Information

- Record ID: \_\_\_\_\_
- Date of Entry (DD/MM/YYYY): \_\_\_\_\_
- Entered By: \_\_\_\_\_
- Department (if applicable): \_\_\_\_\_
- Contact Information (if applicable): \_\_\_\_\_

## 2. Validation Details

- Validation Type: ☐ Manual ☐ Automated
- Validation Status: ☐ Pending ☐ Validated ☐ Invalid
- Reason for Validation (if invalid): \_\_\_\_\_
- Timestamp (if automated): \_\_\_\_\_

## 3. Data Fields

Field Name	Data Entered	Validation Status	Comments
Field 1	_____	<input type="checkbox"/> Valid <input type="checkbox"/> Invalid	_____
Field 2	_____	<input type="checkbox"/> Valid <input type="checkbox"/> Invalid	_____
Field 3	_____	<input type="checkbox"/> Valid <input type="checkbox"/> Invalid	_____

## 4. Additional Notes

- Action Taken (if any): \_\_\_\_\_
- Follow-up Required: ☐ Yes ☐ No
- Assigned To (if follow-up): \_\_\_\_\_

## 5. Declaration

I confirm that the above validations are accurate to the best of my knowledge.

Validated By: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature (if required): \_\_\_\_\_