



CAS Field Data Collection Sheet

Assessment Date: _____

Assessor: _____

WHERE ARE YOU?

SANDIA SITE and TECH AREA (NM only): <u>circle</u> the locations	SNL-NM SNL-L Tonopah Kauai Carlsbad S&T Park Other _____ TA-1 TA-2 TA-3 TA-4 TA-5 Coyote Igloos Manzano KAFB Leased
BUILDING or ASSET:	
FLOOR:	ROOM or QUAD:
SPECIFIC LOCATION:	

WHAT WBS VOLUME ARE YOU ASSESSING? circle

A10 – Footing and Foundations	A20 – Substructure	B10 – Superstructure
B20 – Exterior Closures & Finishes	B30 – Roofing	C10 – Interior Partitions
C20 – Stairs	C30 – Interior Finishes	D10 – Elevators, Conveyors
D20 – Plumbing	D30 – Mechanical & HVAC	D40 – Fire Protection
D50 – Electrical	F10 – Specialty Systems	F20 – HazMat, Asbestos
G10 – Site Preparation	G20 – Roads and Walkways	G30 – Utilities: Gas, Water, Sewer
G40 – Utilities: Electrical Power	G90 – Landscaping & Fences	Other - _____

WHAT ARE YOU LOOKING AT?

ITEM NAME or CATEGORY:	DESCRIPTION or NAMEPLATE data:
QUANTITY:	EQUIPMENT or MAXIMO number(s):
ITEM CONDITION: <u>circle</u>	New/Excellent Good Adequate Fair Poor Failure Not to Code End of Life

WHAT'S WRONG WITH IT?

DEFICIENCY:	SEVERITY: <u>circle</u>	% of ITEM (or square feet)	REPAIR TIME: <u>circle</u>
1.	Light Moderate Severe Failed		Now year 1-2yrs 3-5yrs Defer
2.	Light Moderate Severe Failed		Now year 1-2yrs 3-5yrs Defer
3.	Light Moderate Severe Failed		Now year 1-2yrs 3-5yrs Defer
4.	Light Moderate Severe Failed		Now year 1-2yrs 3-5yrs Defer
5.	Light Moderate Severe Failed		Now year 1-2yrs 3-5yrs Defer

OTHER INFORMATION:

EXPANDED COMMENTS: Continue on back if necessary	
JOBSITE CONDITIONS: <u>circle</u>	Confined space Radiological HazMat ER site Security/Access Other: _____

WHAT WAS DONE ABOUT IT?

Wrote <u>SPRS</u> ticket #	Wrote <u>UFN</u> #	Nothing required, except this CAS form
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