**CAS Self-Assessment Action Item Worksheet**

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| **Department:** |  | | |
| **Action Item:** |  | | |
| **Related Standards:** |  | | |
| **Staff Lead(s):** |  | | |
| **Additional Staff Required:** |  | | |
| **Resources Required:** |  | | |
| **Tasks Required:** | |  |  |  | | --- | --- | --- | | **Tasks:** | **Dates(s) Planned:** | **Date(s) Completed:** | | **1.** |  |  | | **2.** |  |  | | **3.** |  |  | | **4.** |  |  | | **5.** |  |  | | **6.** |  |  | | **7.** |  |  | | **8.** |  |  | | **9.** |  |  | | **10.** |  |  | | **11.** |  |  | | **12.** |  |  | | | |
| **Date Completed:** |  | **Dept Leader Signature:** |  |