**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.** |  |  |

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| **Date Completed:** |  | **Dept Leader Signature:** |  |