

FWSVA WORKSHEET

For use of this form, see TB MED 577; the proponent agency is OTSG.

1. COMPONENT		2. ID#	3. LOCATION	
4. ELEMENT			5. PICTURE <input type="checkbox"/> YES <input type="checkbox"/> NO	
6. THREAT	7. PHYSICAL DAMAGE/DESTRUCTION	8. CONTAMINATION		
SECURITY (ACCESSIBILITY)				
REDUNDANCY (BACKUPS)				
OTHER PROTECTION MEASURES				
PROTECTION MONITORING				
KNOWN DEFICIENCIES				
PROBABILITY	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
SEVERITY	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV		
INITIAL RISK	<input type="checkbox"/> Extremely High <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low	<input type="checkbox"/> Extremely High <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low		
9. ELEMENT			10. PICTURE <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. THREAT	12. PHYSICAL DAMAGE/DESTRUCTION	13. CONTAMINATION		
SECURITY (ACCESSIBILITY)				
REDUNDANCY (BACKUPS)				
OTHER PROTECTION MEASURES				
PROTECTION MONITORING				
KNOWN DEFICIENCIES				
PROBABILITY	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
SEVERITY	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV		
INITIAL RISK	<input type="checkbox"/> Extremely High <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low	<input type="checkbox"/> Extremely High <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low		