SEAMS COMMISSIONING FORM

Section I. Project Data

Facility: _____ Address: _____

Date: _____ Name: _____

Section II. Building Equipment Identification

Equipment Type: _____ Model: _____

Manufacturer: _____ Part Number: _____

Current Replacement Value: _____ Serial Number: _____

Zone: _____ Commission Date: _____

Floor Level: _____

Section III. SEAMS / CMMS Data

this section to be completed by SEAMS Team Members only

Class: _____ Criticality: _____

Category: _____ Withdrawal Date: _____

Cost Code: _____ Sold / Scrap Date: _____

Equipment ID: _____ Equipment Description: _____

Section IV. Site Observations

Overall Condition Rating =

	Rating System		
	RED	YELLOW	GREEN
	0 - 3	4 - 6	7 - 10

Section V. Notes

CONDITION KEY		
Excessive Deficiencies to Failed	0 - 3	
Moderate to Serious Deficiencies	4 - 6	
New to Minor Deficiencies	7 - 10	

PLEASE NOTE: Any manuals / documents found on and/or attached to equipment should be forwarded to the SEAMS Team-DFW

Asset Mgmt Department

Revised: 10/20/2009