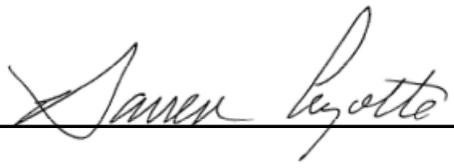


 Department of Corrections and Community Supervision DIRECTIVE	TITLE Request for Maintenance Work		NO. 3052
			DATE 12/09/2025
SUPERSEDES DIR #3052 Dtd. 06/24/19	DISTRIBUTION A	PAGES PAGE 1 OF 4	DATE LAST REVISED
REFERENCES (Include but are not limited to) ACA Expected Practices , 2-CI-6A-7, 5-ACI-3B-08; Directives #3053, #4064	APPROVING AUTHORITY 		

I. DESCRIPTION: This directive is designed to provide specific guidelines to all personnel for requesting minor repairs and routine maintenance work and to facility maintenance staff for processing maintenance work requests, performing preventive maintenance tasks, and using the Enterprise Asset Management (EAM) system.

Requests involving major structural changes, alterations, electrical wiring, etc., are covered in Directive #3053, "Alterations/Construction Request," and will use [Form #1612](#), "Alteration/Construction Request."

II. REQUESTING MAINTENANCE WORK

A. Routine Requests: Routine maintenance work requests may be submitted by any staff person using [Form #1611](#), "Maintenance Work Order Request" (a small supply of which should be stocked on each unit). A separate request form is required for each task (i.e., only one specific repair/request shall be reflected on each [Form #1611](#)).

1. Requester: The requester shall fill out the form as follows:

- a. Date
- b. Name of Requester
- c. Extension
- d. Location - enter the building number, floor number, room number, or area.
- e. Work Requested - enter as specific a description as possible to avoid unnecessary delays.
- f. The requester then submits [Form #1611](#) to the department or unit head for approval.

2. Department/Unit Head: The department/unit head reviews the [Form #1611](#) and approves or disapproves the request.

a. Disapproval: The department/unit head may disapprove the request:

- (1) If a purchase order will suffice;
- (2) If the request is of sufficient magnitude to require an "Alteration/Construction Request," [Form #1612](#); or
- (3) If the request is inappropriate.

In case of disapproval, the request shall be returned to the requester with a reason and possibly a suggested alternative.

- b. Approval: The department/unit head may approve the request by signing and providing the title of their position and the date. The department/unit head shall retain the third copy of the request and forward the original and duplicate copy to the work control center in the maintenance unit.
 - B. Emergency Requests: Only emergency work requests may be submitted by telephone. If an emergency request is called in, the originator shall follow up by submitting a completed [Form #1611](#). Emergency maintenance requests will only be accepted when there is immediate need for maintenance action to avoid:
 1. Endangering staff/incarcerated individual health or safety;
 2. Causing a major disruption of mandatory daily activities such as meals, cell occupancy, etc.;
 3. Impairing the security of the facility; or
 4. Causing excessive property loss or damage.
- III. PROCESSING BY MAINTENANCE SUPERVISOR:** The Maintenance Supervisor is responsible for approval or disapproval of all maintenance work requests and for scheduling minor repairs and routine maintenance tasks. Questionable requests, however, should be referred to the Plant Superintendent and/or appropriate Deputy Superintendent for approval/disapproval. The [Form #1611](#) will be processed upon receipt by the Maintenance Supervisor or designee, following the steps outlined below.
- A. Routine Requests
 1. Navigation: Infor EAM Start Center > Work > Work Orders
 2. Select 'Work Orders' from the Work menu.
 3. Create a new record.
 4. Describe the work order.
 5. Specify the equipment for the work order.
 6. Specify a start and end date for the work order.
 7. Specify who and how many people will be responsible for the work.
 8. Specify how many hours will be required to complete the work.
 - B. Emergency Requests
 1. Complete the computerized work request form, entering information received by telephone, and entering emergency in work order type, originator, and phone extension.
 2. Assign the request to the appropriate craftsman.
 - C. Preventive Maintenance Requests/Generating Work Orders

Using the EAM system:

 1. Select 'Process' from the Work menu.
 2. Select 'Generate WOs' from the Process menu.
 3. Fill out the work order criteria and process the form.
 4. Select the PM WOs to generate.

D. Navigation to create a PM Schedule

1. Select 'WO Planning' from the Work menu.
2. Select 'PM Schedules.'
3. Click the 'New Record' icon to add a new entry.
4. Enter Organization.
5. Enter name for PM Schedule.
6. Enter Description under 'Work Requirement Note.'
7. Under 'PM Details,' set 'Type' to 'Duplicate,' 'Fixed,' or 'Variable.'
8. Enter 'WO Type,' 'Duration,' and 'Priority' under 'Work Order Details.'
9. Enter the recurrence in the 'Perform Every' boxes under 'Scheduling.'
10. If applicable, enter specific days of the month in the 'Perform On' boxes.
11. Click the save icon to save the record.
12. Be sure to complete the 'Activities,' 'Equipment,' and 'Work Orders' tabs.
13. Save the record.

E. Posting and Closing Work Orders

1. Post data from [Form #1611](#) on the EAM generated work request. This is done whether the job is completed or not.
2. Make a site inspection.
3. Select 'Work Orders' from the 'Work' menu.
4. Open the work order you would like to close.
5. Choose the 'Closing' tab.
6. In the 'Status' box, use the pull-down box to change the status to 'Closed.'
7. Completed work requests are closed, and stock levels are adjusted in EAM.
8. File completed requests, [Form #1611](#), with associated requisition copies in the completed work request file indexed by work order number.

F. Monthly Work Order Backlog Status Report

Using the EAM:

1. From the 'Work' menu, choose 'Reports.'
2. Select 'WO Statistics.'
3. Enter the first and last days of the month under the 'Date Range' section.
4. Click the 'Print Preview' icon to generate a copy of the report and to print.

G. Record Keeping

1. The work order records (paper copy) described herein are required to be kept by each facility for a minimum of three years.

IV. ACTION BY HEAD CRAFTSMAN

A. Plans Work Day

1. Reports to the work control center at the beginning of each day for the day's work schedule and is issued sufficient "Maintenance Work Requests" to last the full working day.
2. Examines the work orders and puts them in priority order or gets direction from the Maintenance Supervisor.
3. Reads the request to determine the action required and instructions.

B. Requisitions Supplies

1. Determines if supplies (parts) are required to complete the request. An inspection of the job site may be required prior to making a materials list.
2. If supplies are needed, add parts into the work order notes in EAM.
3. If stores are inadequate for the job, personally return [Form #1611](#) to the Maintenance Supervisor for a decision on whether to start or reschedule; if rescheduled, fill in the reason for delay on the computerized work order form.

C. Completes [Form #1611](#): If the job can be started.

1. Enters the employee number of each craftsman to be assigned.
2. Enters start date.
3. As each job is completed during the day, enter the following:
 - a. Date completed.
 - b. Dates and hours expended by the craftsmen and incarcerated individuals.
 - c. Brief description of work done.
 - d. Sign certifying completion.
4. If the job is only partially completed at the end of the day, enter the appropriate date.
5. If extenuating circumstances cause the work to take longer than estimated, enter a delay description on the back of the request.
6. Turns in all 1611 forms, with any associated requisition copies, to the Maintenance Supervisor at the end of the day.

NOTE: No incarcerated individual will be assigned to operate any mechanical or motorized equipment or handle dangerous or caustic materials, without first being instructed in their safe operation or use by a trained staff member (e.g., Shop Foreman, Vocational Instructor, etc.).

The employee who trains the incarcerated individual shall complete a [Form #1574](#), "Record of Training," have it signed by the incarcerated individual, and then sign and distribute it as follows:

1. Original to incarcerated individual file; and
2. Copy to shop/unit file.

See Directive #4064, "Facility Safety."

INSTITUCION CORRECCIONAL _____

EXPEDIENTE DE CAPACITACION

(Si la capacitación se provee en fechas diferentes, anote cada fecha y capacitación por separado, use más de un formulario, de ser necesario.)

NOMBRE DEL INDIVIDUO ENCARCELADO: _____ DIN: _____

TALLER/ÁREA DE TRABAJO: _____

Al individuo encarcelado antes mencionado se le capacitó/instruyó en el uso asegurado y apropiado de los materiales cáusticos, herramientas y equipo anotado a continuación:

Empleado Adiestrador (Nombre y Título): _____

Firma: _____ Fecha: _____

Yo, el individuo encarcelado antes mencionado fui capacitado/instruido en el uso asegurado y apropiado de los materiales cáusticos, herramientas y equipo anotados anteriormente.

Firma del Individuo Encarcelado: _____ Fecha: _____

Al individuo encarcelado antes mencionado se le capacitó/instruyó en el uso asegurado y apropiado de los materiales cáusticos, herramientas y equipo anotado a continuación:

Empleado Adiestrador (Nombre y Título): _____

Firma: _____ Fecha: _____

Yo, el individuo encarcelado antes mencionado fui capacitado/instruido en el uso asegurado y apropiado de los materiales cáusticos, herramientas y equipo anotados anteriormente.

Firma del Individuo Encarcelado: _____ Fecha: _____

Al individuo encarcelado antes mencionado se le capacitó/instruyó en el uso asegurado y apropiado de los materiales cáusticos, herramientas y equipo anotado a continuación:

Empleado Adiestrador (Nombre y Título): _____

Firma: _____ Fecha: _____

Yo, el individuo encarcelado antes mencionado fui capacitado/instruido en el uso asegurado y apropiado de los materiales cáusticos, herramientas y equipo anotados anteriormente.

Firma del individuo Encarcelado: _____ Fecha: _____

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

_____ CORRECTIONAL FACILITY

RECORD OF TRAINING

(If training provided on different dates, record each date and training separately, use more than one form if needed.)

INCARCERATED INDIVIDUAL NAME: _____ DIN: _____

SHOP/WORK AREA: _____

The above-named incarcerated individual was trained/instructed in the safe and proper use of the below listed caustic materials, tools, and equipment:

EMPLOYEE TRAINER (NAME AND TITLE): _____

SIGNATURE: _____ DATE: _____

I, the above-named incarcerated individual, was trained/instructed in the safe and proper use of the above listed caustic materials, tools, and equipment.

INCARCERATED INDIVIDUAL'S SIGNATURE: _____ DATE: _____

The above-named incarcerated individual was trained/instructed in the safe and proper use of the below listed caustic materials, tools, and equipment:

EMPLOYEE TRAINER (NAME AND TITLE): _____

SIGNATURE: _____ DATE: _____

I, the above-named incarcerated individual, was trained/instructed in the safe and proper use of the above listed caustic materials, tools, and equipment.

INCARCERATED INDIVIDUAL'S SIGNATURE: _____ DATE: _____

The above-named incarcerated individual was trained/instructed in the safe and proper use of the below listed caustic materials, tools, and equipment:

EMPLOYEE TRAINER (NAME AND TITLE): _____

SIGNATURE: _____ DATE: _____

I, the above-named incarcerated individual, was trained/instructed in the safe and proper use of the above listed caustic materials, tools, and equipment.

INCARCERATED INDIVIDUAL'S SIGNATURE: _____ DATE: _____

