

## SMART Practice Test

- 1) True or False – After a Chart Change is entered into SMART. The Supervisor must enter the Chart Change in City time for the employee.
- 2) True or False – The Supervisor must wait for approval for the Chart Change before entering it into SMART.
- 3) Which of the following is an acceptable route designation for the purposes of allocations in SMART?
  - a. RT3
  - b. MON2
  - c. M6
  - d. MLP
- 4) Who is Responsible for Locking the SMART Ops board?
  - a. Super Clerk
  - b. Executive Officer
  - c. District Superintendent
  - d. 0800-1600 Garage Supervisor
- 5) By when should a districts SMART board be locked?
  - a. The End of the Operational day.
  - b. The Following work day at 0600
  - c. 3 Hours into the day line shift the following work day.
  - d. By the end of the Week.
- 6) True or False – The District Superintendent has the Authority to unlock a SMART Ops Board.
- 7) True or False – In Order to populate the Final Utilization report in SMART. The locations DSOA must go into the manpower section of SMART and type in the count of actual assignments from the previous work day.
- 8) Who is responsible for reviewing and reconciling the previous day's SMART operations board setup against the borough orders by 1400 hours each day?
  - a. District Superintendent
  - b. DSOA
  - c. The Civilian Clerk At the district
  - d. Designated Borough or Unit Personnel
  - e. The Executive Officer
- 9) When a Sanitation Worker Calls in Sick, which System does the work location use to enter the sick incident for the health care facility?
  - a. SCAN
  - b. HRMS
  - c. SMART
  - d. Avantis
- 10) How many days in the future can a sick incident be entered into SMART?
  - a. 1
  - b. 0
  - c. 3
  - d. 5
- 11) When entering a LODI incident into SMART, a supervisor may use a temporary address for a sanitation worker. True or False?
- 12) During Normal Operations, In addition to entering a Sick or LODI entry in the computer, the Supervisor must also fill out the \_\_\_\_\_
- 13) When resuming personnel from sick or LODI, location personnel will \_\_\_\_\_ the medical leave record and add the \_\_\_\_\_.

- 14) Who is responsible for Starting a shift on the operations board in order to populate the Carting Book Report?
- a. DSOA
  - b. Executive Officer
  - c. Garage Officer
  - d. Civilian Clerk
- 15) Once a shift is started, the carting book will populate a Time Out for all tasks in the carting book. True or False
- 16) In the event a Task Description is not included in the suggested abbreviation list in General Order 2017-01. The User may enter a custom abbreviation up to \_\_\_ Characters.
- 17) Equipment or Personnel Replacements performed on the Ops Board in SMART populate in the carting book report. True or False
- 18) On a Sunday or Holiday the \_\_\_\_\_ will be responsible for Starting the Shift in order to populate the carting book report.
- 19) On the SMART Display board the personnel cards display \_\_\_\_\_ in the top right hand corner of the card.
- 20) Personnel Cards for employees who are attached to a location will display in \_\_\_\_\_ color.
- 21) If a personnel card has a black background behind the personnel name, this means that the person was \_\_\_\_\_.

Answer Key

**Department Message # DM2018-6828 Code: SMART04– Chart Changes in SMART and Citytime**

- 1) False – Chart changes automatically flow from SMART to Citytime once city time is refreshed
- 2) False- Chart changes can be entered into smart prior to approval, if denied the CC must be changed back.

**Department Message # DM2018-6795 Code: SMART10- SMART 3.0 - WORK COMPLETE - NAMING ROUTES FOR PROPER ALLOCATIONS**

- 3) C

**Department Message # DM2018-6794 – Code: SMART09 SMART 3.0 LOCKING OF OPERATIONS BOARD**

- 4) C – Or location Supv for locations without a DS such as Broom garage
- 5) C
- 6) False – DS Can lock, borough or higher must unlock

**Department Message #DM2018-6786 Code: PMD15 – SMART Personnel Management – Utilization.**

- 7) False – The assignments on the SMART Operations Board will be the data that produces the Final Utilization. There will no longer be a need for District / Borough locations to manually type in personnel numbers to close Final Utilization.
- 8) D

**GENERAL ORDER 2017-06 - EMPLOYEES REPORTING SICK, L.O.D.I. or WORKERS COMPENSATION**

- 9) C
- 10) D
- 11) False – Only for sick. LODI and workers comp must be Home address
- 12) Telephone Order Book
- 13) Edit, End date and time.

**OPERATIONS ORDER 2017-01 – SMART CARTING BOOK REPORT**

- 14) C
- 15) False – Only tasks with equipment assignments receive a Time Out
- 16) 4
- 17) True
- 18) Borough Officer in Charge

**General Knowledge**

- 19) Seniority Rank number Within the garage
- 20) Salmon
- 21) Unavailable on the previous days board



**SPECIAL POSITION ISSUE CODES**

- BOA = Boro Supt Ops Assistant
- BBA = Boro Set-Up Assistant
- BCA = Boro Collection Assistant
- CLX = District Supt Ops Assistant
- CFC = Chloro-Flouro-Carbon
- EZP = EZ-Pack
- GU1 = Garage Utility 12-8
- GU2 = Garage Utility 8-4
- GU3 = Garage Utility 4-12
- GO = Gas & Oil
- HS = Hardship
- MB1 = Mechanical Broom 12-8
- MB2 = Mechanical Broom 7-3
- MB3 = Mechanical Broom 4-12
- NS = Night Signee
- RR = Roll-On/Roll-Off
- SS = Shop Steward
- SKD = Skid Steer
- SC = Snow Clerk
- WR1 = Wrecker 12-8
- WR2 = Wrecker 8-4
- WR3 = Wrecker 4-12

Gray card w. red font indicates replaced on shift due to unavailable & action required



Black background indicates coming off unavailable (chart, XWP, XWOP, etc.)



Salmon colored card indicates out of town personnel



**Personnel Name** → W. Stevenson

**Seniority Rank** → #31

**Working Chart** → C

**Working Vacation** → V

**Last Shift Assigned** → G 16

**Grounded** → G

**Working Next Day** → N

**MDA** → 4A

**Special Position (Tissue)** → EZP

**Equipment ID** → 25DN-105

**Plow Direction** → R

**Chains** → ∞

**Flat Tire Indicator** → [Warning Icon]

**Hold for Preventative Maintenance** → [Hand Icon]

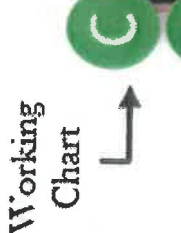
**Hold for Special Event, School Truck, Lost Valuables & Other** → [Hand Icon]

**Bin Status** → 87

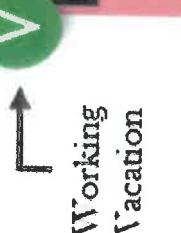
Orange colored card indicates Equipment is Snow Assigned



Black background indicates Working Down



Gray card w. red font indicates down on shift & needs replacement







**THE CITY OF NEW YORK  
DEPARTMENT OF SANITATION  
GENERAL ORDER 2017-06**

EFFECTIVE DATE: May 21, 2017

SUBJECT: **EMPLOYEES REPORTING SICK, L.O.D.I. or  
WORKERS COMPENSATION**

AFFECTED DIRECTIVES: General Order 86-09 and Operations Order 09-05

REFERENCE: Policy and Administrative Procedure 2007-04

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**Responsibility:**

All locations with assigned or permanently attached uniformed personnel will utilize the S.M.A.R.T. system and the Telephone Order Book to update an employee's status to sick, or L.O.D.I. Uniformed titles include Sanitation Workers, Sanitation Supervisors, and General Superintendent's Level I-V.

All locations with non-uniformed personnel covered under P.A.P. 2007-04 (personnel in trade titles assigned to S.W.M., B.M.E., B.B.M. and other non-uniformed personnel) will continue to utilize the SCAN system and maintain a Medical Leave Log (DS 1367- appendix A) in accordance with this order as a permanent record of employees reporting sick, L.O.D.I. or Workers Compensation.

The District Superintendent or Location Supervisor will be responsible for ensuring that all entries are made in S.M.A.R.T and the Telephone Order Book, in accordance with this order:

**Responsibility of the District Superintendent or Location Supervisor:**

The supervisory personnel receiving the telephone call or notification from an employee reporting sick, L.O.D.I. or workers compensation shall locate the employee within the S.M.A.R.T. system and follow the procedures outlined below:

**Note:** Entering required information only into the location telephone order book is considered incomplete.

- Open the "Add Unavailable" menu for the affected employee, select SICK or LODI as the unavailable code.
- Select the appropriate "Date going sick for" or "Date of LODI".
  - This is the date the employee is reporting sick for, not necessarily the date the employee is calling in.
  - You may enter a future date (not exceeding 5 days into the future).
  - You may enter any date in the past.

- If the employee is going sick on shift, the “On shift sick?” check box must be selected and the appropriate time entered for the “Sick as of” field.
- If the employee is reporting L.O.D.I., the “LODI Time” must be entered.

Supervisory personnel that receive the telephone call or notification from an employee reporting sick **must** ask the affected employee the address from where they are reporting sick, the appropriate telephone contact number, as well as the employee’s assigned chart number. Supervisory personnel entering an employee L.O.D.I. or Workers Compensation into the system **MUST USE THE EMPLOYEES HOME ADDRESS. TEMPORARY ADDRESSES CANNOT BE USED WHEN CLAIMING L.O.D.I. OR WORKERS COMPENSATION.**

Supervisory personnel that receive the telephone call or notification must then validate the given address, contact phone number, and chart number against the information displayed in the “SCAN Medical/Address Information” box in the “Add Unavailable” menu prior to submitting the Medical Leave entry.

- If the address information the employee is reporting to the supervisory personnel matches the information displayed in the “SCAN Medical/Address Information” box, then the “ML Address” shall be set to “Home”.
- If any part of the address or phone number the employee is reporting does NOT match the information displayed in the “SCAN Medical/Address Information” box, then the “ML Address” must be set to “Temporary” and all pertinent information must be entered:
  - Number & Street
  - Apartment - If applicable, indicate which floor of a private house, or apartment number
  - City
  - State
    - Note: Select “OT” if employee is reporting sick from outside of the country. All other fields will still be required.
  - Zip Code
  - Home Phone - Phone number where employee may be reached while at temporary address
  - Residence District - \*If an employee calls out sick from outside of the 5 boroughs then “Other” must be selected\*
  - Residence zone - Medical Zone of the temporary address. To find the zone, click on the “T” icon for a list of Medical zones. \*If employee requests sick leave from outside of the country or any area that is not covered by the established Medical Zones then Medical Zone 12 must be entered\*

The supervisory personnel entering the information into the S.M.A.R.T. system must be aware that they may be called upon to testify, if required, whether the address listed on the Medical leave record came from the words of the employee calling in sick, or reporting L.O.D.I./workers compensation and that they entered the information properly into the S.M.A.R.T. system.

### **Medical Leave Details**

Supervisory personnel that receive the telephone call or notification from an employee reporting sick, L.O.D.I. or Worker’s Compensation shall enter all required fields relating to the medical leave incident as follows:

- Symptoms- The nature of the illness or injury
- Chart Number: The chart number that the employee is currently assigned. This must be validated with the employee reporting the Medical Leave Incident as the time of notification.



- Ordered to Health Care Facility- Select Yes or No
- Going to the hospital- Select Yes or No
  - \*If admitted to the Hospital, do not use Hospital address, only use permanent address on file.
- Shift Preference: The shift preference the employee signed for. (For example, a night signee would be shift 1 or 3, all non-night signees are shift 2)
  - Note: This is NOT the shift the employee was scheduled to work.
- ML Address – Home or Temporary as outlined above.
  - \*Temporary address MUST NOT be entered when reporting L.O.D.I. or compensation.
- Trials- Select Date if applicable
- Entered By- The personnel entering the Medical Leave Incident into the S.M.A.R.T. System will enter their Title followed by their First initial, and last name. (i.e. - Supv. J. Smith)

For all locations with assigned or permanently attached uniformed personnel, S.M.A.R.T. will be the primary source for verifying any details about a Medical Leave Incident, including the address, especially in cases where an employee may be subject to disciplinary action.

### Medical Leave Log (DS 1367)

The Medical Leave Log (DS 1367) will no longer need to be updated for each instance of Sick or LODI when the incident is entered into the S.M.A.R.T. system.

The Medical Leave Log (DS 1367) shall remain on location and be accessible at all times. The Log (DS 1367) shall be utilized in the following scenarios.

1. During a Sunday, Holiday, etc. the log shall be used by security personnel on shift who are not authorized to access the S.M.A.R.T. system.
  - a. All security personal must receive instructions on properly logging medical leave calls in the Medical Leave Log (DS 1367)
  - b. Upon arrival of a Supervisor to the location, all information recorded in the log by the onsite security personnel shall be entered into the S.M.A.R.T. system.
2. During an outage of any kind (power, network etc.) where the S.M.A.R.T. system is not available, the log shall be used by personnel on shift to record all medical leave incidences during the outage.
  - a. Once the outage has concluded, the location supervisor shall enter any medical leave incidences that were recorded in the log during the outage, into the S.M.A.R.T. system.
3. When entering an incident for an employee who is NOT in the S.M.A.R.T. system. (Non-uniformed personnel who are covered under P.A.P. 2007-04 (personnel in trade titles assigned to S.W.M., B.M.E., B.B.M., and other non-uniformed personnel)).

During all other times, the use of the Medical Leave Log (DS 1367) is not required.

When the log (DS 1367) is to be used, the following procedures must be followed:

- The Log will be maintained on a 24-hour basis commencing at 2400 hours with a double line drawn across the book to separate each day. The 1600-2400 hour shift supervisor will initial the line. Do not use a new page for each day.
- All entries will be printed in ink. Any errors will be lined out and initialed. No erasures or eradication permitted.

## Columnar Instructions

- A. Date employee is reporting Sick, LODI, or Worker's Compensation
- B. Time call is received
- C. Full name of employee (Do not use initials)
- D. Reference number of employee (Do not use Social Security No.)
- E. Title of employee
- F. Badge number of employee
- G. Chart number of employee
- H. Address at which employee is reporting Sick, LODI, or Worker's Compensation
- I. Home address on record or other address (check one)
  - a. Note: The employee that receives the telephone call or notification from an employee reporting sick, L.O.D.I., or Worker's Compensation must be aware of the importance of asking the employee the address from which they are reporting sick, even if it is their current permanent address. The information received must be entered in the Medical Leave Log (DS 1367) immediately.

### **NOTE - only the permanent address can be entered when an employee reports L.O.D.I. or Worker's Compensation**

- J. Medical Zone of the address
- K. Telephone number of employee
- L. Nature of illness
- M. Name of person receiving the call (no initials)
- N. Date information is entered in SCAN
- O. Name of person who entered information in SCAN
- P. Work location designation
- Q. Page number - Upon receipt of a Medical Leave Log book the location supervisor will ensure that all page numbers are entered immediately

If an employee has scheduled vacation, is suspended, or otherwise requests any other type of leave, a DS 100 must be submitted through proper channels to the DSNY Health Care Facility (H.C.F.) Supervisors office. At that point the H.C.F. Supervisor will place the employee on leave status. It is the responsibility of the employee's location Supervisor, DSOA, or designee to place the employee back on Medical Leave on the operational day immediately preceding the end of leave status, with an effective date of the first day the employee will be back on medical leave--i.e., if the employee is due to be back sick on Tuesday, the employee's location Supervisor, DSOA, or designee should reenter the Medical Leave incident Monday. The work location must enter the same address used by the employee when he/she initially began Medical Leave. \*If a temporary address was used to enter the sick incident then it must be used again when placing the employee back out sick.\*

### **Health Care Facility Resumptions**

When the healthcare facility resumes an employee to regular duty, or medical duty assignment, the following procedures will be followed:

1. Location personnel will check the SCAN resumption screen (12) to verify that the health care facility has granted a resumption to the affected personnel
2. Location personnel will locate the ACTIVE medical leave record within the personnel details window for the affected personnel in S.M.A.R.T.
  - a. The ACTIVE medical leave record will be located in the unavailable history table.
3. Location personnel will EDIT the medical leave record and add the end date/time for the selected incident.

- a. The proper end date/time will be the last time the affected personnel is due to be on medical leave--i.e., if John Smith is sick, and is resuming to work for Wednesday, the end date will be set for Tuesday at 23:59, such that as of Wednesday at 00:00, the employee is available for regular duty.
4. Location personnel will **NOT DELETE** a medical leave incident in S.M.A.R.T. in order to resume an employee.

**NOTE:** If an error is found in the Sick or L.O.D.I. record, notify the Health Care Facility to make necessary corrections in SCAN. After corrections are made, the user may update or delete the record in S.M.A.R.T.

The District Superintendent or location supervisor will be held strictly accountable for enforcing provisions of this order.

CANCELLATION:

This Order shall remain in effect until it is cancelled.

ISSUING AUTHORITY:



Kathryn Garcia  
Commissioner

DISTRIBUTION:

All Management Personnel.









**THE CITY OF NEW YORK  
DEPARTMENT OF SANITATION  
GENERAL ORDER 2017-02**

EFFECTIVE DATE: January 9, 2017

SUBJECT: **PROCEDURES FOR UNIFORMED EMPLOYEES  
REPORTING AND ELECTRONICALLY RECORDING  
A LINE OF DUTY INJURY (LODI)**

AFFECTED DIRECTIVES: General Order 2012-20 is hereby cancelled.

REFERENCE: G.O. 2007-04 Medical Leave Control

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**PROCEDURES FOR UNIFORMED EMPLOYEES CLAIMING A LINE OF DUTY  
INJURY (LODI):**

**The Supervisor's Responsibilities:**

1. Upon being notified of and/or observing a LODI, immediate efforts will be made to evaluate the situation and for the injured employee to be brought to the nearest hospital for treatment. The emergency contact person(s) on file, on the DS 379 Personal Record Card, will be notified and given all pertinent details unless they were informed by the injured employee, or the employee elects to not have them notified. If a family member or emergency contact is not notified the supervisor must document this in the Unusual Incident Report (DS 779). In the event the injured employee has not been treated and released by the end of their shift, the emergency contact or a family member must be notified of their status. The investigating supervisor will provide a DS 807B (Appendix A) to the injured employee. **Supervisors do not have authority to permit an injured employee to continue working.** Borough or Unit locations must immediately be notified of the occurrence. Boroughs/Units will inform the Bureau Operations Office and an Unusual Incident (DS779) will be sent through channels in a timely manner, Email to [unusual823@dny.nyc.gov](mailto:unusual823@dny.nyc.gov). Borough staff emailing the LODI unusual should follow-up with the Officer on Duty in Operations to confirm receipt of the unusual incident report and provide any additional information.

Investigating supervisors are required to complete the electronic DS 807 which is accessible from the DSNY Intranet page (Appendix B), under the DSNY Manuals banner by logging in with their personal password. Investigating supervisor must ensure completeness of section 1, then print out the form to have sections 2 and 3, completed and signed by all parties involved. Upon completion of sections 1, 2, and 3 with

necessary signatures, the form needs to be uploaded into the LODI tracking system for further processing. In the event an injured employee is unable to provide a hand written statement the Investigating Supervisor should get a verbal statement of how the LODI occurred, record it in section-2 and initial below the statement. **Blank DS 807 (Appendix C) and DS 807B paper forms must be kept in Supervisor's possession.** DS 807 paper forms will be used when online access to the digital form is unavailable. **The DS 807 and DS 807B must be completed within 24 hours.**

2. The Supervisor shall inform the injured employee that it is **his or her responsibility** to establish the claim of line-of-duty injury or illness by first having the attending physician at the hospital complete the DS 807B. He or she must bring it with them and submit it to the DSNY Health Care Facility (HCF) upon their first visit for the LODI.
3. The Supervisor shall inform injured employee that, unless hospitalized, they must report to the DSNY HCF with the completed DS 807B and a copy of the DS 807, with Sections 1,2, and 3 completed, the next day (unless otherwise noted on DS 807B or If the employee is injured on a Friday, Saturday, day prior to a holiday, or on a holiday, employee must report to the DSNY HCF the next calendar day that the DSNY HCF is open). Instruct employee, if he or she is not hospitalized and is medically incapable of reporting to the DSNY HCF, they must contact a HCF supervisor at 212-437-4848, or 4821.
4. The Supervisor shall prepare and distribute the following forms as indicated:  
**DS 807B:** For injured employee to have filled out by attending Physician at the hospital and bring to the DSNY Medical Division- HCF  
**DS 807:** One copy given to injured employee to bring to the DSNY HCF.
5. If the injured employee has not been treated and released by the end of the shift in which they were injured, the emergency contact or a family member must be notified of their status. The emergency contact will also be advised on the DSNY emergency transportation protocol (refer to General Order 2007-04). In the event an employee is hospitalized, a supervisor should attempt to secure the 807B, or equivalent document, from the hospital and submit it directly to:

NYC Department of Sanitation  
Medical Division – HCF  
44 Beaver Street  
New York, NY 10004

Supervisors must also call the DSNY HCF, Hospitalization Unit, at 212-437-4831 to inform the Medical Division that an employee has been admitted to a hospital.

6. In case the electronic DS 807 is not accessible due to a power outage or a lack of internet access, the paper DS 807 will be utilized. Sections 1, 2 and 3 will be completed and signed and a copy given to the injured employee which they must bring to the DSNY-HCF. The form will then be processed by the District Superintendent and forwarded to Operations through proper channels with a paper copy being kept at each level.



One copy is to be kept at the injured employee's payroll location. Upon the digital DS 807 becoming available, the information contained on paper will be entered into the online system with the original document being scanned and uploaded for record keeping.

7. If the injured employee is not payroll assigned to the location in which the LODI occurred and is being processed, the investigating Supervisor shall notify the payroll location to insure the correct entries are made into HRMS and other record keeping.

### **Injured Employees Responsibilities:**

In order to claim an injury/ illness as LODI, the employee making the claim must:

1. Notify work location supervisor immediately. Employee will be provided with a DS 807B to be filled out by attending Physician at the hospital.

**ANY EMPLOYEE CLAIMING A LODI AT ANY TIME OTHER THAN ON THE DATE OF THE INJURY DURING THEIR SCHEDULED SHIFT WILL BE CARRIED SICK, NOT LODI!**

2. Be transported to the nearest hospital for medical evaluation and/ or treatment and have the DS 807B form completed by the attending doctor.
3. The injured employee will provide a handwritten statement to be entered onto the printed DS 807 form (section 2). Upon completion of Sections 1, 2, and 3, with signatures from the investigating supervisor, injured employee, and witnesses, respectively, the investigating supervisor will scan and upload the DS 807 into the electronic tracking system and give a paper copy to the injured employee. Employees must submit the copy of the DS 807 and a DS 807 B to the DSNY Health Care Facility (HCF) sign-in window upon their first visit.
4. Injured employee must follow instructions as directed on the DS 807B with regard to reporting to the DSNY HCF. If an employee is not hospitalized, but feels he or she is medically incapable of reporting to the DSNY HCF, the employee must call the DSNY HCF to speak to a supervisor at 212-437-4848 or 212-437-4821. If the employee is injured on a Friday, Saturday, day prior to a holiday, or on a holiday, employee must report to the DSNY HCF the next calendar day that the HCF is open.

Except in the case of a life threatening emergency, employees must report to the DSNY HCF to receive prior medical authorization before seeking additional treatment (beyond that of the original emergency room evaluation, emergency treatment, or emergency admission to the hospital). Reporting to the HCF is also necessary before being authorized to resume regular or limited duty.

### **District Superintendent /Borough Operations Supt. Responsibilities:**

1. Both the District Superintendent and the B.O.S will log into PeopleSoft twice daily (once in the beginning and once toward the end of the shift) to check on the status of any Pending LODI's that are in the system needing their approval.

2. District Superintendent reviews signed DS 807 and online attachments, adds comment, and certifies its completeness by initialing online.
3. BOS reviews uploaded signed forms and attachments and DS comments and certifies its completeness by initialing online.
4. Upon BOS approval and completion of the workflow status, the system generates an email to Medical Billing Unit advising of the completed status.

In the event of the digital system not being available, when the workflow status is **Completed**, the DS 807 form needs to be scanned and uploaded with attachments (DS 807B, photos, etc.) and sent via e-mail as attachments to :  
LODIDS807@DSNY.NYC.GOV. The subject line should be: LODI DS 807 – [reference number].

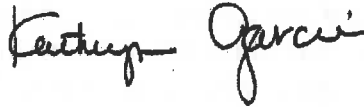
5. In the absence of the B.O.S. or the regular approving officer the Deputy Chief in Charge of the Work Unit/Location will approve the DS 807 as completed.

**Is it the Location Supervisor's responsibility to ensure that all pertinent sections of this General Order are brought to the attention of all personnel under his or her command.**

CANCELLATION:

This Order shall remain in effect until it is cancelled.

ISSUING AUTHORITY:



Kathryn Garcia  
Commissioner

DISTRIBUTION:

All Management Personnel.

**APPENDIX "A"**

# sanitation

LINE OF DUTY INJURY / MEDICAL REPORT DS 807B (7-11)

DATE	DATE OF ALLEGED INJURY
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**ATTENTION:** If this form is not completely filled out the Department of Sanitation will not make payment for services rendered Also, employee may not be paid because of lack of medical documentation.

*I hereby authorized that this medical record be sent to the NYC Department of Sanitation.*

EMPLOYEE'S SIGNATURE

**TO BE FILLED OUT BY FACILITY**

NAME OF HOSPITAL / EMERGENCY FACILITY	NAME OF PHYSICIAN (PRINT)
NAME OF PATIENT (PRINT)	REFERENCE NO. / SOC. SEC. NO. (LAST 4 DIGITS)

**TO BE FILLED OUT BY PHYSICIAN**

SUBJECTIVE COMPLAINT:

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SIGNIFICANT PERTINENT HISTORY:

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TESTS OR EXAMINATION DONE (RESULTS IF AVAILABLE):

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**CLINICAL**

OBJECTIVE FINDINGS:

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MEDICAL DIAGNOSIS:

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TREATMENT:

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CAN THIS BE SUBSTANTIATED AS A NEW INJURY?       YES       NO

**PLEASE CHECK ONLY ONE OF THE FOLLOWING**

- 1. No significant to minimal findings: employee capable of reporting to the Department of Sanitation Clinic **IMMEDIATELY**, (If Clinic is closed, then report next working day at 0700 hrs.)
- 2. Employee is capable of reporting to the Department of Sanitation Clinic tomorrow for physical assessment, (If Clinic is closed, then report next working day at 0700 hrs.)
- 3. Employee requires further treatment and can not report to the Department of Sanitation Clinic at this time. Employee can travel to the DSNY Clinic \_\_\_\_\_ Employee must call the Clinic immediately for instructions (212-437-4821/48) upon release from the hospital or treating facility.
- 4. Employee requires immediate hospitalization.

**PLEASE CHECK APPROPRIATE BOX**

- A. EMPLOYEE HAS NO CONTRA-INDICATION FOR UNDERGOING SUBSTANCE ABUSE TESTING AT THIS TIME.
- B. EMPLOYEE IS PHYSICALLY UNABLE TO UNDERGO A SUBSTANCE ABUSE TESTING (U.T.) AT THIS TIME.  
Reason unable to test \_\_\_\_\_

SIGNATURE OF EXAMINING PHYSICIAN	TITLE	DATE
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**FOR SUPERVISOR'S USE ONLY (PRINT)**

EMPLOYEE'S NAME	BADGE NO.	REF NO. / SOC. SEC. NO. (LAST 4 DIGITS)	PAYROLL DISTRICT
LOCATION	NAME OF PERSON WHO ACCOMPANIED INJURED EMPLOYEE TO EMERGENCY FACILITY		
DATE TOLD TO REPORT TO CLINIC	SUPERVISOR'S NAME		

**NOTE:** This form must be brought to Clinic by injured employee on first Clinic visit.

# APPENDIX "B"

New York City Department of Sanitation (DSNY)



## DS 807 LODI Form

Access from the DSNY Intranet Home Page

DSNY MANUALS, MAPS AND FORMS

DSNY Manuals (cacluser)  
DS 807 LODI

## DSNY PEOPLESOFT HR - Production Login

Username is full email address in all CAPS for Log In

User ID DBEAVER@DSNY.

Password \*\*\*\*\*

Sign In

Password is same as used for SMART/BladeRunner/Network

**Attachments** - to attach the witness and employee statements and any other supporting documents

Investigating Supervisor | Attachments

Incident Number: NEW      Workflow Status: Started      LODI-Help      Return to Search

Attached File	Type	Comments	Created By	Created Date/Time	Add	View	Download
1							

Save   Previous tab   Next tab

Investigating Supervisor | Attachments

LODI Notes for Attachments

Incident Number: NEW

\*Type:

\*Status:

\*File:

\*Comments:



The DS807 LODI Form

**Assignment** LODI Help Return to Search

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Supervisor: Check here if incident involved a moving vehicle  Workflow Status: Started

Incident Number: NEW Incident Date: 10/14/2016 Incident Hour: 1:00 PM

Injured Employee Ref#: Injured Employee's Name: Title: Appointment Date: Age Years: Employee's Shift:

---

**Location**

Borough: Incident Location Exact Street Name(s):

---

**Employee's Payroll Location**

Borough: District: Section:

---

**Work Location for Day of Incident**

Same as Payroll Location  Click here to view all Units and Locations Hierarchy

Borough/Unit: District/Location: Section:

---

**Payroll Supervisor Information**

Payroll Supervisor Ref#: Payroll Supervisor Name: Phone: Borough: District:

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**Transportation**

Type of Transport: If ambulance, what was the number? Name of EMT: EMT Badge Number:

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**Hospital Information**

Hospital: Hospital's Address: Attending Physician's Name: Hospital Phone: Extension:

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**Assigned Captain Information**

Type of Work Assigned:

---

**Injured Part of Body**

Injured part of Body:

---

**Nature of Injury**

Nature of Injury:

---

**Address of Injury**

Nature of Injury:

---

**DSNY Type**

Type of Incident:

---

**Unsafe Act**

Type Of Unsafe Act:

---

**Unsafe Condition**

Type Of Unsafe Condition:

---

Did injured employee continue to work?  Was the incident witnessed by a Supervisor?

Was medical care provided immediately?

Has employee been injured in the past 12 months?

Did the incident occur while entering/exiting the vehicle?  Was employee coming off of a night shift?

Was employee driving from right side of vehicle?  Was employee working "out of town"?

Was employee wearing protective vest?  Was employee wearing uniform shorts?

Was employee wearing protective gloves?  Was employee wearing long sleeves?

Was employee wearing protective footwear?  Did incident occur during performance of duty?

Was incident investigated by Safety Division?

If incident resulted from unsafe condition, what corrective action was taken?

If incident resulted from unsafe action, what discussion took place with employee?

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**Investigating Officer Information**

Same as Payroll Supervisor

Officer's Reference Number: Investigating Officer's Name: Borough: District: Section:

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Stop Previous 100 Next 100



District Superintendent Page - Initials entered for approval

Favorites Main Menu > Workforce Monitoring > Health and Safety > DS 807 LODI

Investigating Supervisor Injured Employee & Witnesses Superintendent & BOS Attachments Medical Billing

Incident Number: 1516533-07112016

Workflow Status: Pending BOS Review

LODI-Help

Return to Search

Section 4 - Supt

Superintendent's comments:

Characters remaining 250

By initialing, I certify that the online DS 807 to my knowledge is now complete and the uploaded form has the required signatures and is ready for BOS review.

By initialing, I have reviewed the DS 807 and uploaded forms and have determined they need to be revised or completed.

Superintendent's Reference Number: 0014134

Superintendent's Name: Lazare, Peter F

Date: 07/14/2016

Borough: MNBO

District: MN02

Section:

Borough Operations Superintendent page - initials entered for approval

Section 5 - Borough Operations Superintendent

By initialing, I certify that the online DS 807 to my knowledge is now complete and the uploaded form has the required signatures and is ready for Medical's review.

By initialing, I have reviewed the DS 807 and uploaded forms and have determined they need to be revised or completed.

BOS Reference Number:

BOS Name:

Date:

Generate PDF to Print

Generate PDF

Save Previous tab Next tab

Investigating Supervisor | Injured Employee & Witnesses | Superintendent & BOS | Attachments | Medical Billing

# APPENDIX "C"

DETACH THIS COVER SHEET BEFORE STARTING TO WRITE

Underline the proper descriptive statement and its corresponding code number, where applicable, for each of the categories below. After the numbers are entered in the proper place on the form, the immediate supervisor on duty at the time of injury must complete a written statement explaining the incident, using these categories:

INJURED PART OF BODY							INJURED SIDE(S) OF BODY			
U1	FINGER	L1	TOE	H1	HEAD	T1	NECK	11	GROIN	LEFT
U2	HAND	L2	FOOT	H2	FACE	T2	SHOULDER	12	LUNGS	RIGHT
U3	WRIST	L3	ANKL	H3	EYE	T3	RIB	0D	OTHER	BOTH
U4	ARM	L4	LEG	H4	EAR	T4	BACK			
U5	ELBOW	L5	KNEE	H5	NOSE	T5	CHEST			
				H6	MOUTH	T6	HIP			
				H7	TEETH					

## NATURE OF INJURY

N 1	AMPUTATION	N 8	DISLOCATION	N 15	SCRATCHES (Superficial Wounds	N 0	OTHER
N 2	ASPHYXIA	N 9	ELECTRIC SHOCK	N 16	SPRAINS, STRAINS		
N 3	BURN OR SCALD	N 10	FRACTURE	N 17	MULTIPLE INJURIES		
N 4	CONCUSSION	N 11	FOREIGN BODY	N 18	HEATING LOSS		
N 5	CONTUSION, CRUSHING, BR	N 12	HEAT STROKE	N 19	VISION LOSS		
N 6	CUT, LACERATION	N 13	HERNIA	N 20	INHALATION OF FUMES		
N 7	DERMATITIS	N 14	INFECTION	N 21	PUNCTURE, NEEDLESTICKS		

## INCIDENT TYPE

AT 1	STRUCK AGAINST STATIONARY TRUCK	AT 9	BODILY REACTION FROM VOLUNTARY MOTION
AT 2	STRUCK AGAINST MOVING OBJECT	AT 10	OVER EXERTION
AT 3	STRUCK BY FALLING OBJECT	AT 12	CONTACT WITH NOXIOUS FUMES
AT 4	STRUCK BY FLYING OBJECT	AT 13	VEHICLE ACCIDENT OVER EXERTION
AT 5	FALL FROM ELEVATION	AT 14	ANIMAL, INSECT BITE
AT 6	FALL ON SAME LEVEL	AT 15	ASSAULT
AT 7	CAUGHT IN, UNDER OR BETWEEN	AT 16	LIQUID, SLIPPERY SUBSTANCE
AT 8	RUBBED OR ABRADED	AT 0	OTHER (Specify type of incident)

## UNSAFE ACT

A 1	OPERATING WITHOUT AUTHORITY
A 2	OPERATING WITHOUT OR WORKING AT UNSAFE SPEED (too fast, too slow, unsafe short cuts)
A 3	MAKING SAFETY DEVICES INOPERATIVE (bypassing, disconnecting, misadjusting, etc.)
A 4	USING UNSAFE EQUIPMENT OR USING EQUIPMENT UNSAFELY
A 5	UNSAFE LOADING, PLACING MIXING, COMBINING
A 6	TAKING UNSAFE POSITION OR POSTURE (improper lifting, twisting body, in right of way or line of travel, etc.)
A 7	WORKING ON MOVING OR DANGEROUS EQUIPMENT UNNECESSARILY (oiling, cleaning, adjusting, etc.)
A 8	HORSEPLAY (teasing, fooling, practical joking, quarreling, distracting, etc.)
A 9	FAILURE TO WEAR PERSONAL PROTECTIVE DEVICES (such as goggles, gloves, safety shoes, respirators, etc.)
A 10	OTHER UNSAFE ACT (Specify in additional remarks section of the form)
A 11	N/A

## UNSAFE CONDITION

C 1	INADEQUATELY GUARDED (flimsy, loose, improper, insufficient, incomplete, etc.)
C 2	UNGUARDED (platforms, catwalks, points of operation, power transmission apparatus, etc.)
C 3	DEFECTIVE TOOLS, EQUIPMENT, SUBSTANCE (worn, torn, cracked, broken, rusty, bent, etc.)
C 4	UNSAFE DESIGN OR CONSTRUCTION (in the blueprint, plan engineering or fabrication)
C 5	HAZARDOUS ARRANGEMENT (poor layout of machines, aisles, exits, congestion or housekeeping)
C 6	UNSAFE ILLUMINATION (lighting too weak, too strong, glare type, direction, color, etc.)
C 7	UNSAFE VENTILATION (concentrations of toxic fumes, vapors, dusts, etc.)
C 8	UNSAFE CLOTHING (for the job being done, inadequate, unsuited, ill fitting, etc.)
C 9	UNSAFE FOOTING OR CONDITION (due to grease, ice, water, debris, obstacle, pothole etc.)
C 10	OTHER (Specify in additional remarks section of the form)
C 11	N/A

## SHIFT

2200-0600	0200-1000	0600-1400	1000-1800	1400-2200	1800-0200	Other (Specify Shift)
2300-0700	0300-1100	0700-1500	1100-1900	1500-2300	1900-0300	
0000-0800	0400-1200	0800-1600	1200-2000	1600-0000	2000-0400	
0100-0900	0500-1300	0900-1700	1300-2100	1700-0100	2100-0500	

## TYPE OF WORK ASSIGNED

Collection	Mechanical Broom	Wrecker	CFC	School Truck	Snow Melter
Recycling	Plowing	Guide man	Baskets	FEL	Bulk Truck Collection
Relays	Spreading	Roll On/ Roll Off	Transport	Salt Receiving	Other (Specify work)
MLP/Cleaning	Garage Utility	EZ Pack	Security	Salt Loading	

<input type="checkbox"/> Investigating Supervisor : Check here if incident involved a moving vehicle	EMPLOYEE'S REFERENCE NUMBER				

LINE-OF-DUTY INJURY REPORT DS807

**Caution to supervisors, injured employees and witnesses:**  
Disciplinary Code Rule 6: Making false reports or entries in or on any Department or other official record or in connection with any Departmental operation or activity will result in disciplinary action.

**INSTRUCTIONS:**  
1. This report must be received by the Medical Division within 48 hours of the incident.  
2. The copy of this report must be printed/detached and given to the injured employee immediately upon completion of Sections 1, 2 & 3.  
3. Injured employee must submit this form and the DS807B to the HCF Sign-in window within 24 hours.

SECTION 1 - To be completed by the Investigating Supervisor	DATE OF INJURY	TIME OF INJURY	AGE	LOCATION WHERE INCIDENT OCCURRED	BOROUGH	EXACT STREET NAME(S)		
	INJURED EMPLOYEE'S (Last, First, MI.)			WORK LOCATION ON DAY OF INCIDENT	BOROUGH	DISTRICT	SECTION	
	TITLE	APPOINTMENT DATE		INJURED EMPLOYEE'S PAYROLL LOCATION	BOROUGH	DISTRICT	SECTION	
	PAYROLL SUPERVISOR'S NAME			SUP. REF. NUM.	BOROUGH	DISTRICT	SUPERVISOR PHONE	
	EMPLOYEE'S SHIFT	TYPE OF TRANSPORT		IF AMBULANCE, WHAT WAS THE NUMBER?	NAME OF EMT		EMT BADGE NUMBER	
	NAME OF HOSPITAL		HOSPITAL'S ADDRESS		ATTENDING PHYSICIAN'S NAME		HOSPITAL PHONE	
	TYPE OF WORK ASSIGNED			INJURED SIDE(S)	INJURED PART OF BODY			
	NATURE OF INJURY	TYPE OF INCIDENT		TYPE OF UNSAFE ACT	TYPE OF UNSAFE CONDITION			
	Additional remarks on any information not covered above; be specific							
	DID INJURED EMPLOYEE CONTINUE TO WORK?				WAS MEDICAL CARE PROVIDED IMMEDIATELY? If 'No' give Date:			
	DID INCIDENT OCCUR DURING PERFORMANCE OF DUTY?				WAS INCIDENT INVESTIGATED BY SAFETY DIVISION? If 'yes' give Date: Time:			
	HAS EMPLOYEE BEEN INJURED IN THE PAST 12 MONTHS?				IF YES, IS THIS THE SAME INJURY TYPE?			
	WAS EMPLOYEE COMING OFF OF A NIGHT SHIFT?				WAS EMPLOYEE WEARING LONG SLEEVES?			
	WAS THE INCIDENT WITNESSED BY A SUPERVISOR?				WAS EMPLOYEE WEARING PROTECTIVE VEST?			
	WAS EMPLOYEE WORKING 'OUT OF TOWN'?				WAS EMPLOYEE WEARING UNIFORM SHORTS?			
DID THE INCIDENT OCCUR WHILE ENTERING/EXITING THE VEHICLE?				WAS EMPLOYEE WEARING PROTECTIVE GLOVES?				
WAS EMPLOYEE DRIVING FROM RIGHT SIDE OF VEHICLE?				WAS EMPLOYEE WEARING PROTECTIVE FOOTWEAR?				
If incident resulted from unsafe condition, what corrective action was taken?								
If incident resulted from unsafe action, what discussion took place with employee?								
INVESTIGATING OFFICER		BOROUGH	DISTRICT	SECTION	INVESTIGATING OFFICER'S SIGNATURE		DATE	
INVESTIGATING OFFICER'S REF. NUM.								
SECTION 2 - Injured Employee	Injured employee's own description of the incident, including part of body affected, and circumstances surrounding the incident							
	How could the injury have been prevented?							
	HAVE YOU BEEN INJURED IN THE PAST?		NUMBER OF TIMES INJURED		INJURED EMPLOYEE'S SIGNATURE		DATE	
SECTION 3 - Witnesses	Statement of 1 <sup>st</sup> eyewitness							
	1 <sup>st</sup> EYEWITNESS NAME		ADDRESS		1 <sup>st</sup> EYEWITNESS SIGNATURE		DATE	
	Statement of 2 <sup>nd</sup> eyewitness							
	2 <sup>nd</sup> EYEWITNESS NAME		ADDRESS		2 <sup>nd</sup> EYEWITNESS SIGNATURE		DATE	
SECTION 4 - Supt.	District Superintendent's comments							
	SUPERINTENDENT NAME		SUPT. REF. NUM.		BOROUGH	DISTRICT	DATE	
<input type="checkbox"/> By initialing, I certify that the online DS 807 to my knowledge is now complete and the uploaded form has the required signatures and is ready for BOS review.								
SECTION 5 - BOS	BOROUGH OPERATIONS SUPT. NAME		BOS. REF. NUM.		DATE			
	<input type="checkbox"/> By initialing, I certify that the online DS 807 to my knowledge is now complete and the uploaded form has the required signatures and is ready for Medical's review.							





**THE CITY OF NEW YORK  
DEPARTMENT OF SANITATION  
GENERAL ORDER 2017-01**

**EFFECTIVE DATE:** Sunday, January 01, 2017

**SUBJECT:** 2017 HOLIDAYS

**AFFECTED DIRECTIVES:** General Orders 2016-01,02,03,04,06,07,08,09,12,13,14,20  
are hereby cancelled.

**REFERENCE:** New York General Construction Law

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Under New York State Attendance Rules and current Collective Bargaining Agreements, employees shall be entitled to the following days off with pay (a holiday that falls on a Sunday is observed on the following Monday) :

- January 02 - New Year's Day (Observed)
- January 16 - Martin Luther King, Jr.'s Birthday
- February 13 - Lincoln's Birthday\* (Observed)
- February 20 - President's Day
- May 29 - Memorial Day
- July 4 - Independence Day
- September 4 - Labor Day
- October 9 - Columbus Day
- November 7 - Election Day
- November 11 - Veteran's Day
- November 23 - Thanksgiving Day
- December 25 - Christmas Day

*\*For Career and Salary civilian employees, Lincoln's Birthday is a floating holiday for employees hired before July 1, 2004 and a work day for those hired on or after July 1, 2004. Bureau and Unit Heads will ascertain whether their affected employees are electing to work or are taking the holiday off and charging the time to leave balances.*

A sufficient number of employees, within authorized holiday allowances, will be assigned to protect Department garages, facilities, and any other locations requiring security.

A sufficient number of employees, within quotas established by the First Deputy Commissioner, will be assigned to cleaning functions, parades and special events.

Bureau Heads and Supervising Officers shall be available for any emergency which may arise during a holiday. In the event of snow or any other emergency on a holiday, WHEN ORDERED BY THE FIRST DEPUTY COMMISSIONER, each Borough shall be responsible for notifying the employees under its jurisdiction.

**CANCELLATION:** This Order shall remain in effect until it is cancelled.

**ISSUING AUTHORITY:**

Kathryn Garcia  
Commissioner

**DISTRIBUTION:** All Management Personnel.

Dept Msg #: DM2019-0177

Sent By: HDQTRSOP

Date: 1/9/2019 8:03 AM

Code: SMART07

Subject: SUBMITTING A DS-100 TO UPDATE PERSONNEL MEDICAL LEAVE  
STATUS IN SMART / HRMS

When a DS-100 is submitted to update Medical Leave Status to (Vacation, DIF, Jury Duty etc.) and the employee needs to be set back out on medical leave for the future date as listed on the DS-100;

Location personnel shall NOT enter the employee back on medical leave in SMART until they have confirmed that the Health Care Facility has processed the DS100 and the personnel has been resumed in HRMS for the effective date of the DS100.

The location personnel can confirm the resumption by checking the SCAN (12) Resumption List.

Once the resumption is confirmed, the location personnel may set the affected personnel back on medical leave in SMART for the date they are due back as listed on the DS100.

Once the Medical Leave Status is updated in SMART it will be reflected in the HRMS Sick Leave Screen for the future date.

This must be strictly adhered to or personnel will not have their medical leave status updated in the HRMS Sick leave screen.

Officers will sign blotter attesting they have read and understood this Department message.

Steven W. Costas  
First Deputy Commissioner

Dept Msg #: DM2018-6828

Sent By: HDQTRSOP

Date: 12/28/2018 8:36 AM

Code: SMART04 (rev 6/7/18)

Subject: CHART CHANGES IN SMART AND CITYTIME

As of June 10, 2018, Chart Changes made in SMART will automatically update and be reflected in City Time.

There is no need for an officer to manually update City Time to reflect the Chart Change in SMART.

All Chart Changes in SMART will require comments for the change to be reflected in City Time as follows (C/C from 6/5 to 6/7 ok D/C Smith)

City Time will be updated with the Chart Change information including comments once it is refreshed.

If the Chart Change is Denied, the Chart date needs to be edited back to the originally scheduled date in SMART and the Chart day will be reflected properly in both SMART and City Time.

**\*\*All existing Chart Change approvals and procedures will remain in effect.\*\***

For assistance or questions Call the SMART Lab at (718) 334-9020.

All Officers will sign the blotter attesting they have read and understood this message.

Steven W. Costas  
First Deputy Commissioner

Dept Msg #: DM2018-6794

Sent By: HDQTRSOP

Date: 12/26/2018 8:54 AM

Code: SMART09

Subject: SMART 3.0 LOCKING OF OPERATIONS BOARD

Effective 01/22/18 District Superintendents or location supervisors will be responsible for locking their locations SMART operations board.

The District superintendent or location supervisor must review the previous day(s) SMART Ops Board for the accuracy of all routes, assignments and unavailability's, then lock it from further edits within 3 hrs daily for the preceding work day.

i.e. - By 0900 Tuesday, the District Superintendent or location supervisor must lock Monday's board. On Monday by 0900, Saturday and Sunday must be locked. In the event of a Monday Holiday then Saturday, Sunday and Monday must be locked. Boards will be locked by 0900 when the day shift is 0600-1400 and by 1000 hours when the day shift is 0700-1500.

Once a board is locked, the district will not be able to make any changes to information on the ops board including the route designations for allocations, the subcategories used for manpower accounting etc.

In the event that the Location needs a board unlocked for any reason, a request will be made to the Borough office.

The borough office will unlock the boards at their discretion. When the board is unlocked, a comment must be left detailing the reason for unlocking.

Once the correction is made, the District Superintendent or location supervisor will immediately re-lock the board.

In the absence of personnel on location with "Locking Authorization", the adjoining locations District Superintendent or Splinter HQ location will Review and lock the board.

i.e. - MN04A Supervisor is chart, and the RO Supervisor does not have access to lock the board, the MN04 Superintendent will lock the board for MN04A. If the MNLCU supervisor is chart, Lots headquarters will lock their board.

All officers will sign the locations Daily Blotter attesting that they have read and understood the contents of this message.

Steven W. Costas  
First Deputy Commissioner

Dept Msg #: DM2018-6795

Sent By: HDQTRSOP

Date: 12/26/2018 8:56 AM

Code: SMART10

Subject: SMART 3.0 - WORK COMPLETE - NAMING ROUTES FOR PROPER ALLOCATIONS

To ensure Work Complete Allocation data reflects accurately in all related reports the naming of each T&R (Task and Route) on the SMART Ops board needs to be strictly adhered to as outlined below.

All routes that will be allocated, including Cleaning routes MUST have a route description T/R that follows the standard route designations as follows (the same as is SCAN) :

A single Letter designating the day of the week, with a number for the route. (i.e. H3 is Thursday route 3). 1 through 20 can be accommodated.

Sunday - U (U1,U2,U3..., U10,U11, ..., U19,U20)  
Monday- M (M1, M2, M3, .... M10, M11,.... M19, M20)  
Tuesday- T (T1, T2, T3, .... T10, T11,.... T19, T20)  
Wednesday- W (W1, W2, W3, .... W10, W11,.... W19, W20)  
Thursday- H (H1, H2, H3, .... H10, H11,.... H19, H20)  
Friday- F (F1, F2, F3, .... F10, F11,.... F19, F20)  
Saturday- S (S1, S2, S3, .... S10, S11,.... S19 S20)

The use of other symbols, characters or naming conventions in the Task Description T/R other than what is listed will lead to inaccuracies in all related reports (Productivity 202, "P", etc.)

Example - Some districts have been showing the school truck T/R as "School" or an MLP route as "MLP" etc., - This will cause the Allocation reports to be inaccurate.

For any assistance call the SMART Lab at (718) 334-9020

Steven W. Costas  
First Deputy Commissioner

Dept Msg #: DM2018-6786

Sent By: HDQTRSOP

Date: 12/26/2018 8:23 AM

Code: PMD15 (REV 5/25/18)

Subject: SMART PERSONNEL MANAGEMENT - UTILIZATION

As of January 15, 2018, Manpower Utilization processes (716s & 729s) have ceased in SCAN. Historical data is preserved for read only viewing.

The assignments on the SMART Operations Board will be the data that produces the Final Utilization. There will no longer be a need for District / Borough locations to manually type in personnel numbers to close Final Utilization.

For Utilizations to work properly, boroughs must ensure that their post quotas are properly updated monthly and/or weekly as needed.

\*\*\*\*\*

District Superintendents, splinter Unit Heads or designated location Supervisors must ensure that the previous day's SMART Operations Board for their District or location is locked by 0900 hours on the 0600-1400 shift and by 1000 hours on the 0700-1500 shift.

\*\*\*\*\*

Prior to locking the SMART Operations Board, each location must ensure that all personnel were properly assigned and all diversions were properly indicated on the respective shift where the diversions took place (i.e. relay personnel diversions, Garage personnel being diverted to Wrecker jobs, etc.)

Designated Borough or Unit personnel must review the previous days orders called out by the Borough to each District and reconcile the actual SMART Operations Board set up against Borough orders. Designated Borough personnel must review these reports on time. The previous day's work must be reviewed by 1400 hours each day. If there are any questions, contact the Personnel Management Division at: (646) 885-4670 or 4614.

All Borough Staff Officers, Supervisors and General Superintendents Level I are to read this order and sign the blotter attesting that they have read and understand it. Borough Staff Officers will spot check the blotter to ensure compliance.

Steven W. Costas  
First Deputy Commissioner