

Work Request and Escalation Procedure

Last Updated: April 29, 2013

All work requests should be submitted using a **Work Request Form**. The form should include as much detail as possible about the work that is required. At a minimum, it must include:

1. **The Originator Name:** This is the name of the person requesting the work. Whenever possible, an individual should be assigned to submit all work requests for a facility. For Schools, work requests are normally submitted by the Principal in charge of the School and by the Nurse In Charge of the Health Centre.
2. **Originator Fax, Phone and E-mail:** The Originator Fax number is required however it is recommended that the Originator Phone Number and E-mail address also be included to support communications.
3. **Priority:** The Priority assigned by the Originator should be in accordance with the definitions provided at the bottom of the form and not as a matter of preference. The Priority of the work may be changed through consultation between the Facility Management Office and the Originator.
4. **Community:** This is the Community in which the work is required.
5. **Building Name:** This is the Name of the Building in which the work is required. If possible, this should be supplemented with the Asset Number.
6. **Work Required:** A detailed description of the work required inclusive of the room name or number if applicable.

2013-04-29 15:46:16	GOVERNMENT OF NUNAVUT WORK REQUEST	Print Form & Fax or E-mail
TO REQUEST ANY WORK IN A GN BUILDING, PLEASE COMPLETE THIS FORM. FEBIT AND FAX OR E-MAIL THE COMPLETED FORM TO YOUR CGS REGIONAL OFFICE. A COMPLETED RESPONSE WILL BE RETURNED TO YOU FOR YOUR INFORMATION		
Iqaluit: Phone: (867) 975-7102 Fax: (867) 975-7154	Baffin Region: Phone: (867) 899-7321 Fax: (867) 899-7329 baffinworkorders@gov.nu.ca	Kivalliq Region: Phone: (867) 645-8154 Fax: (867) 645-8197
Kirkmeot Region: Phone: (867) 983-4125 Fax: (867) 983-4003		
IF YOU HAVE ANY QUESTIONS PLEASE CONTACT YOUR CGS REGIONAL OFFICE		
ORIGINATOR NAME	ORIGINATOR FAX (required)	ORIGINATOR PHONE
ORIGINATOR E-MAIL		
PRIORITY (see below)	COMMUNITY:	BUILDING NAME:
▼	▼	
WORK REQUIRED (IF APPLICABLE, PLEASE INDICATE IF THE REQUIRED WORK IS A RESULT OF VANDALISM OR A BREAK & ENTER)		
CGS OFFICE USE ONLY (once WO is initiated complete below and send back to originator:		
WORK ORDER #:	DATE WORK ORDER INITIATED:	ISSUED BY:
ASSIGNED TO:	ANTICIPATED COMPLETION DATE:	
WORK REQUEST RESPONSE:		
<input type="checkbox"/> Once WO issued; has this form been completed and faxed back to the Originator?		
PRIORITY: 1. URGENT - Life/safety issues - Immediate within 1 day 4. LOW - Complete within 5 - 6 days 2. HIGH - Complete within 1 - 2 days 5. ROUTINE - Regular Preventative Maintenance 3. MEDIUM - Complete within 2 - 4 days 6. OTHER - Noted as part of response		

Your CGS Regional Office will complete the reserved section of the form and respond indicating the anticipated response time and the action that will be taken. If there is concern with the response or if the situation is not rectified in accordance with the anticipated response time, the Work Request should be escalated.

Escalation – Level 1: Repeat your request to with the word “**ESCALATION**” in capital letters in the ‘Work Required’ section of the completed Work Request form that contains the information provided by the CGS Regional Office, inclusive of the Work Order Number.

Escalation – Level 2: Ask your supervisor to send your Work Request to the Regional Facilities Manager of your CGS Regional Office.

Iqaluit
 Facilities Manager
 Box 1000 – Station 630
 Iqaluit, NU
 X0A 0H0
 Phone: (867) 975-7102
 Fax: (867) 975-7154

Baffin Region
 Facilities Manager
 Aqsarniit Building
 Pond Inlet, NU
 X0A 0S0
 Phone: (867) 899-7321
 Fax: (867) 899-7329

Kivalliq Region
 Facilities Manager
 P.O. Bag 002
 Rankin Inlet, NU
 X0C 0G0
 Phone: (867) 645-8154
 Fax: (867) 645-8197

Kitikmeot
 Facilities Manager
 15 Omingmak Street
 Cambridge Bay, NU
 X0B 0C0
 Phone: (867) 983-4153
 Fax: (867) 983-4123

Escalation – Level 3: Ask your supervisor to send your Work Request to the Territorial Maintenance Manager.

Territorial Maintenance Manager
 Community and Government Services
 P.O. Box 1000, Station 630
 Iqaluit, Nunavut X0A 0H0
 Phone 867-975-7100 Fax 867-975-7154