

<h1 style="margin:0;">The City of New York</h1> <h2 style="margin:0;">Department of Correction</h2>					<h1 style="margin:0;">Special Operations Division</h1> <h2 style="margin:0;">Rikers Island Security Unit</h2>																																
Form SOD/RISU2		CLEARANCE REQUEST AND AUTHORIZATION				Effective 3/16/98																															
SECTION #1 – Instructions LEAVE THIS SECTION IN BLANK – NOT APPLICABLE TO VENDORS																																					
<p><i>Complete all of the required information in Sections #2, #3 and #4. Submission of a clearance request does not necessitate approval. The command receives Notification of denials via fax and/or in writing. Confirmation of approvals shall be telephonically effected as follows:</i></p> <table style="width:100%; border: none;"> <tr> <td style="width: 55%; vertical-align: top;"> <p><i>Wardens/Commanding Officers or Deputy Wardens shall initiate facility clearance requests. All other commands (bureaus, divisions or units) – Senior Staff Members or Commanding Officers or Executive Officers, only. It is the responsibility of each facility/command to ensure that visitors are advised of the security/safety issues of the Riker's Is. Correctional Complex (e.g., speed limit, securing vehicles, display of ID/pass, unauthorized items)</i></p> </td> <td style="width: 45%; vertical-align: top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Category</th> <th style="text-align: left;">Clearance Location</th> <th style="text-align: left;">Telephone #</th> </tr> <tr> <td>Vehicle Access/Pass</td> <td>Construction Control Trailer</td> <td>(718) 546-1578</td> </tr> <tr> <td>Public Transportation</td> <td>Rikers Is. Main Control Bldg.</td> <td>(718) 546-1565</td> </tr> <tr> <td>Problems/Information</td> <td>Rikers Is. Clearance Office</td> <td>(718) 546-1539</td> </tr> </table> </td> </tr> </table>								<p><i>Wardens/Commanding Officers or Deputy Wardens shall initiate facility clearance requests. All other commands (bureaus, divisions or units) – Senior Staff Members or Commanding Officers or Executive Officers, only. It is the responsibility of each facility/command to ensure that visitors are advised of the security/safety issues of the Riker's Is. Correctional Complex (e.g., speed limit, securing vehicles, display of ID/pass, unauthorized items)</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Category</th> <th style="text-align: left;">Clearance Location</th> <th style="text-align: left;">Telephone #</th> </tr> <tr> <td>Vehicle Access/Pass</td> <td>Construction Control Trailer</td> <td>(718) 546-1578</td> </tr> <tr> <td>Public Transportation</td> <td>Rikers Is. Main Control Bldg.</td> <td>(718) 546-1565</td> </tr> <tr> <td>Problems/Information</td> <td>Rikers Is. Clearance Office</td> <td>(718) 546-1539</td> </tr> </table>	Category	Clearance Location	Telephone #	Vehicle Access/Pass	Construction Control Trailer	(718) 546-1578	Public Transportation	Rikers Is. Main Control Bldg.	(718) 546-1565	Problems/Information	Rikers Is. Clearance Office	(718) 546-1539																
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SECTION #2 – Command Requests / Escort Information: LEAVE THIS SECTION IN BLANK – NOT APPLICABLE TO VENDORS																																					
Date Requested:	Requested By (Print Last and First Name)		Rank/Title:	Shield/ID#	Command	Telephone #: () -																															
Uniform Escort Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Escort Officer (Print Last and First Name)		Rank:	Shield #:	Command:	Telephone #: () -																															
Command Authorization <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sr. Staff/Comm. Off./Dep. Warden/Exec. Off.:		Rank/Title:	Shield/ID #:	Command:	Telephone #: () -																															
SECTION #3 – Visit Information COMPANY NAME: PIN 072201601CPD																																					
Date of Visit: 3/31/2016	Visitors' Full Name		Title	Visitors' Full Name		Title																															
	1.			6.																																	
Estimated Time of Arrival:	2.			7.																																	
	3.			8.																																	
Agency / DOC Affiliation	4.			9.																																	
	5.			10.																																	
Destinations (Check All That Apply):																																					
<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> ARDC</td> <td><input type="checkbox"/> JATC</td> <td><input type="checkbox"/> Assets Management/Environmental Health</td> <td><input type="checkbox"/> Correction Industries Div./Support Services Unit</td> <td><input type="checkbox"/> Riker's Is Main Control Bldg</td> <td><input type="checkbox"/> Riker's Is Visitor Control Bldg</td> </tr> <tr> <td><input type="checkbox"/> AMKC</td> <td><input type="checkbox"/> NIC</td> <td><input type="checkbox"/> Bureau Chiefs' Trailer</td> <td><input type="checkbox"/> DGS (Dept. of General Svcs.) Trailer</td> <td><input type="checkbox"/> Transportation Div.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> CIFM/HHP</td> <td><input type="checkbox"/> OBCC/CPSU</td> <td><input type="checkbox"/> Chapel</td> <td><input type="checkbox"/> Dockhouse/Ferryboats (OBCC Annex)</td> <td><input type="checkbox"/> Shore Rd. Trailer (Specify Area/Unit)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> GMDC</td> <td><input type="checkbox"/> RMSC/STEP</td> <td><input type="checkbox"/> Chief of Department's Field Office</td> <td><input type="checkbox"/> Firehouse/K-9 Unit</td> <td><input type="checkbox"/> Special Operations Div. (Specify Area/Unit)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> GRVC</td> <td><input type="checkbox"/> WF/CDU</td> <td><input type="checkbox"/> Construction Management Unit</td> <td><input type="checkbox"/> Powerhouse</td> <td><input checked="" type="checkbox"/> Other (Specify Location):</td> <td>RNDC</td> </tr> </table>								<input type="checkbox"/> ARDC	<input type="checkbox"/> JATC	<input type="checkbox"/> Assets Management/Environmental Health	<input type="checkbox"/> Correction Industries Div./Support Services Unit	<input type="checkbox"/> Riker's Is Main Control Bldg	<input type="checkbox"/> Riker's Is Visitor Control Bldg	<input type="checkbox"/> AMKC	<input type="checkbox"/> NIC	<input type="checkbox"/> Bureau Chiefs' Trailer	<input type="checkbox"/> DGS (Dept. of General Svcs.) Trailer	<input type="checkbox"/> Transportation Div.		<input type="checkbox"/> CIFM/HHP	<input type="checkbox"/> OBCC/CPSU	<input type="checkbox"/> Chapel	<input type="checkbox"/> Dockhouse/Ferryboats (OBCC Annex)	<input type="checkbox"/> Shore Rd. Trailer (Specify Area/Unit)		<input type="checkbox"/> GMDC	<input type="checkbox"/> RMSC/STEP	<input type="checkbox"/> Chief of Department's Field Office	<input type="checkbox"/> Firehouse/K-9 Unit	<input type="checkbox"/> Special Operations Div. (Specify Area/Unit)		<input type="checkbox"/> GRVC	<input type="checkbox"/> WF/CDU	<input type="checkbox"/> Construction Management Unit	<input type="checkbox"/> Powerhouse	<input checked="" type="checkbox"/> Other (Specify Location):	RNDC
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Reason For Visit <input type="checkbox"/> Construction <input type="checkbox"/> Delivery <input type="checkbox"/> Repair <input type="checkbox"/> Volunteer Work				Type of Access/Pass <input type="checkbox"/> Gate #1 Restricted <input type="checkbox"/> East/West Parking Field																																	
<input type="checkbox"/> Clergy <input type="checkbox"/> Meeting <input type="checkbox"/> Survey <input type="checkbox"/> Other (Specify) _____				<input type="checkbox"/> Gate #2 Restricted <input type="checkbox"/> Gate #1 Unrestricted <input type="checkbox"/> Other (Specify) _____																																	
SECTION #4 – Vehicle Information--																																					
<input type="checkbox"/> Check Here if None <i>In the event the number of vehicles exceeds four (4), attach additional vehicle information on a 600ar.</i>																																					
Vehicle	Year	Make	Model	Color	License Plate	State	Vehicle Type																														
#1							<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Bus <input type="checkbox"/> Truck <input type="checkbox"/> Other																														
#2							<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Bus <input type="checkbox"/> Truck <input type="checkbox"/> Other																														
#3							<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Bus <input type="checkbox"/> Truck <input type="checkbox"/> Other																														
#4							<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Bus <input type="checkbox"/> Truck <input type="checkbox"/> Other																														
SECTION #5 – FOR DOC/SOD USE ONLY:																																					
Date Received: / /	Reviewed By (Clearance Officer)		Rank:	Shield #:		SOD Time Stamp																															
Time Received: : hr.	Approved By (SOD/RISU Supervisor)		Rank:	Shield #:																																	
Final Determination <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Type of Access/Pass:	<input type="checkbox"/> Gate #1 Restricted <input type="checkbox"/> East/West Parking Field <input type="checkbox"/> Gate #2 Restricted <input type="checkbox"/> Gate #1 Unrestricted <input type="checkbox"/> Other (Specify) _____																																			
Remarks:																																					