

CUYAHOGA COUNTY

CALLWORKS EQUIPMENT STATUS & CHANGE REPORT

IMPORTANT INFORMATION

Please continue to contact CallWorks Help Desk to report all urgent system/network outages or issues.

Before making a change request, please review the following guidelines:

- Ten-digit numbers ported onto the ECW system can **not** be programmed to automatically roll-over to another PSAP

- Any PSAP entering into a consolidation, moving from one location to another and/or any PSAP requesting additional equipment regardless of the intended location must first make a request through Cuyahoga County. If the request is granted, the requesting PSAP will be responsible for all costs associated with the request including, but not limited to:
 1. AT&T MPLS Circuit
Installation & recurring monthly charges
 2. CAMA Trunk Installation
 3. Callworks (ECW) Decommission Fee
\$3,500.00 per PSAP (6 or less workstations)
 4. Any/All equipment and/or software purchases including but not limited to Routers, switches, Audio Interface Units, Ethernet modules, SIP Trunk Interface, etc.

- All move requests must be submitted to Lisa Raffurty and Nancy Kolcan at least 120 days prior to turn down/go live date.

- When possible, approved changes will take place during the next scheduled update/upgrade.

- New users must complete CallWorks University prior to receiving login credentials

CUYAHOGA COUNTY CECOMS EQUIPMENT STATUS CHANGE FORM

REQUESTER DETAILS:	Agency _____	Name _____	Position/Title _____
WHEN & WHERE:	Date of Change _____	Time of Change _____	Location/address _____
DESCRIPTION: Provide a detailed description of the problem or the circumstances leading to the requested change.	<input type="checkbox"/> ECW application change - (1) Custom ring tones (2) ECW reports (3) Rollovers <input type="checkbox"/> Directory Addition/Change <input type="checkbox"/> Circuit change <input type="checkbox"/> Trunk re-location/addition/decommission <input type="checkbox"/> Equipment Install/removal <input type="checkbox"/> Additional Equipment (Note location if different than current PSAP) <input type="checkbox"/> Damaged equipment replacement <input type="checkbox"/> User Status (New User Access - Cancel User Access - Password Reset) <input type="checkbox"/> Other: _____		
	SUPPORTING INFORMATION: Provide screenshots or a printout of an error if possible. At minimum, please provide call ID		
JUSTIFICATION: Please provide justification for the requested change.			
COSTS: Please list any projected costs/charges for the requested change:			
ADDITIONAL INFORMATION:			
ECW SECTION BELOW			
IMPACT OF CHANGE: Does the requested change have any negative impact on the CallWorks network/system.	YES / NO	Explain the impact:	
Does the requested change have any negative impact on Cuyahoga County and/or any PSAP in the County?	YES / NO	Explain the impact:	
COSTS: Please list any known costs/charges for the requested change			
TIMELINE:	Will the change require a system update? If so what is the scheduled date for the next update?	List the date/time a technician will be assigned to complete the work:	Technician Name & Contact Number:

DIRECTORY CHANGES

Change or Addition			
Change or Addition			
Change or Addition			
Change or Addition			
Change or Addition			
Change or Addition			

CUYAHOGA COUNTY SECTION BELOW

RECEIVED BY PRINT NAME: _____	RECEIVED BY PRINT NAME: _____
DATE: _____	DATE: _____
APPROVED BY PRINT NAME: _____	APPROVED BY SIGNATURE: _____
DATE: _____	DATE: _____

PLEASE FORWARD THIS FORM TO CECOMSSUPERVISORS@CUYAHOGACOUNTY.US