



DEPARTMENT OF THE ARMY  
US ARMY INSTALLATION MANAGEMENT COMMAND  
HEADQUARTERS, US ARMY GARRISON COMMAND, FORT KNOX  
111 E CHAFFEE AVENUE  
FORT KNOX, KENTUCKY 40121-5256

REPLY TO  
ATTENTION OF:

IMKN-ZA

7 November 2012

MEMORANDUM FOR

Commanders, All Units Reporting Directly to This Headquarters  
Directors and Chiefs, Staff Offices/Departments, This Headquarters

SUBJECT: Garrison Policy Memo No. 04-12 - Printer and Copier Management

1. This policy applies to all personnel assigned or attached to United States Army Garrison Fort Knox who use, requisition, store, or issue government furnished equipment for conducting official business.
2. Effective. This policy is effective immediately and remains in effect until rescinded or superseded.
3. References.
  - a. AR 25-1, 4 DEC 08, Army Knowledge Management and Information Technology.
  - b. AR 25-30, 27 MAR 2006, The Army Publishing Program.
  - c. DA Pam 25-40, 7 NOV 2006, Army Publishing: Action Officer's Guide.
  - d. FK 25-3, 13 NOV 09, Information Technology Services.
4. Policy. In order to support cost culture, minimize consumption of resources and energy, we will limit the number of printers and copiers. All personnel should ensure that only documents not managed electronically are printed.
  - a. Desktop printers connected directly to a computer are only authorized for personnel who have sensitive information, confidential documents or are in an isolated area. Examples:
    - (1) Personally Identifiable Information (PII).
    - (2) Results of Counseling.
    - (3) Disciplinary Actions.
    - (4) No network access.

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b. All other printers will be shared using the Campus Area Network (CAN).

c. Multi-Functional Printers and copiers will be kept to a minimum and located within the workplace to accommodate ease of access. Facsimile and scan capabilities have particular requirements that must be met to ensure full functioning is allowed on the CAN. Approximate distribution should be based on one or more of the following factors:

- (1) One per 10,000 square feet of work space.
- (2) One per floor in multi story facilities.
- (3) One per 20 employees.
- (4) Mission specific requirement – justification required.

d. Public use copiers may be authorized in addition to standard distribution, but should not be connected to the CAN and be limited to basic copying capability.

e. Requesting Agency.

(1) Will track all printer assets (Encl 1), and provide updates to the Garrison Information Management Officer (IMO), when changes occur.

(2) Prepare justification statement (Encl 2) based on valid and specific applications that cannot be supported by existing copier / printer services. Justification must be provided to the Garrison IMO and approved by the Garrison Commander or the Deputy Garrison Commander for multi function printers; and requesting organization Director for standard printers before submission to Network Enterprise Center (NEC) for acquisition. Speed, color capability and printer functions will be commensurate with requesting organization's requirements (Encl 3).

(3) Provide monthly certification for payment of monthly billings for actual services used and cost incurred to the maintenance Command of Responsibility (COR), and Garrison IMO.

(4) Provide notification to Garrison IMO of requisition, receipt, turn in, or transfer of printers, copiers, multifunction printers, and fax machines.

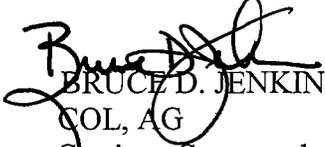
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SUBJECT: Garrison Policy Memo No. 04-12 - Printer and Copier Management

5. Point of contact is the Garrison Information Management Officer at (502) 624-3331.

Enclosures:

as



BRUCE D. JENKINS  
COL, AG  
Garrison Commander

Distribution:

A

Enclosure 1 - Asset Tracking Log, Printers, Copiers, Fax and MFP

1. Format will be based on latest Excel version.
2. Format will include Primary Directorate, Model of printer, Serial Number, Service Tag, Total Pages Printed, Location (facility and room), Common Access Card (CAC) Enabled, IP Address, Printer name on server, FAX Phone number, and notes.
3. Listing will be updated whenever inventory is adjusted, or assets change location.

Directorate	Resource Description or Model	Serial Number	Service Tag	Total Pages Printed to-date	Location Facility-Room	CAC Enabled Yes/No	IP Address or standalone	Printer Name on Server	FAX Phone Number	Notes
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Enclosure 2 - Request for Copier, Printer, Multi Function Printer

IMKN-

DATE

MEMORANDUM THRU Garrison Information Management Officer, (IMKN-PI), 111 E Chaffee Avenue, Fort Knox, KY 40121-5256

FOR Network Enterprise Center (NEC), (NETC-SFB-DK), ATTN: Copier Manager, 75 Sixth Avenue, Fort Knox, KY 40121-5717

SUBJECT: Request for Printer / Copier Equipment

1. References.

- a. AR 25-30, 27 MAR 2006, The Army Publishing Program.
- b. DA Pam 25-40, 7 NOV 2006, Army Publishing: Action Officer's Guide.

2. Background.

3. Requirement.

4. Equipment requested. (Include specific requirement for special features or functions).

5. Other Information.

- a. Closest Copier now.
- b. Requested copier location – (Facility, Floor, Room number).
- c. No classified material will be reproduced. If printer is for classified material, provide security level and quantity of material to be produced.

6. The method of procurement would be the most cost effective. Coordination has been made with Budget POC (Insert name and phone number) and that funds are available.

IMKN-  
SUBJECT: Request for Printer / Copier Equipment

7. The point of contact for this memorandum is...

2 Encls  
as

BRUCE D. JENKINS  
COL, AG  
Garrison Commander

Enclosure 3 – Copier Needs Analysis

Date

The questions below are essential to determine the proper copier equipment for your area and will facilitate the competitive bidding of your copier requirements. Please complete this Needs Analysis Survey and return it with your request memo.

Please email your completed Copier Needs Analysis to Garrison IMO

**General Requirements.**

Estimated Copy Volumes (copy volumes must be provided in order to bid)

Black/White Copies:

- 1 What was your volume (copies made) last year for black/white copies?
- 2 What is your anticipated monthly copy volume, for black/white copies, for your new machine?
- 3 Color Copies: Does your department require color copies (Yes/No)?
- 4 If you are seeking a color copier what is your anticipated monthly volume?

**Existing Equipment.**

5 Please list any equipment your section already has available.

Make/Model: Serial No: Date Installed

6 Do you plan to Trade or Turn in your current machine, if so please indicate the make, model and serial number?

Make/Model: Serial No: Date Installed

**Current Copying.**

- 7 Does your Department have a dedicated power outlet for copier usage (yes/no)?
- 8 Does your Department have a dedicated LAN Connection for Copier / printer (yes/no)?
- 9 Does your Department have a dedicated phone line for MFP (yes/no)?
- 10 Briefly describe the documents which are most frequently produced and photocopied in your department (including whether colored paper is used, colored reproductions are required and paper size):

11 Describe any concerns you may have with your current copier, including: quality of copies, dependability, speed, etc.

12 Does your department share your present machine with other areas?

13 How many people in total will utilize the copier?

14 Feature and Function Requirements:	Yes	No
Automatic Duplexing (Double Sided Copying)	___	___
Enlargements/Reductions	___	___
Automatic Document Feeder	___	___
Access Code Feature	___	___
Interposer for insertion of pages into document	___	___
Electronic Sorting (offset trays)	___	___
Finishing Required:		
Stapling	___	___
Hole Punch (2/3 hole punch)	___	___
Booklet Maker (Saddle Stitching)	___	___
Other, please specify		
Network Hookup Required	___	___
Digital Features/Functions:		
Scan	___	___
Faxing	___	___
Other	___	___

**Functional Requirements.**

15 Does your area have special application needs, ie. copying onto labels, transparencies, colored stock, preprinted forms, etc. \_\_\_\_\_

17 Will 8 1/2 x 11 and 8 1/2 x 14 paper sizes be sufficient? If no please explain \_\_\_\_\_

I have filled out this form, to the best of my knowledge, indicating the copying needs of our area.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_ Directorate \_\_\_\_\_  
Facility: \_\_\_\_\_  
Phone \_\_\_\_\_