



By accepting this work order you agree to complete this form, including the site manager's signature, and return it to us in order for us to meet our customer's billing requirements. Your return to us of completed paperwork is a critical element in our timely payment to you for services rendered.

#### CUSTOMER

Customer : Rite Aid

**Tech to be OnSite Before :** 4/8/2024 1:00:00PM EDT

Site : Rite Aid # 10577

(See Trip Info Section Below)

Address : 8222 18th Ave  
Brooklyn, NY 11214

Requested By : Bryan Ng

City,State - Zip : Brooklyn , NY - 11214

Customer Order #: INC3366145

Corner Addr :

Problem Code: 3625 RA - CO Phone Line/LEC Issue

Phone : 718-256-6635

#### CROSSCOM INFORMATION

Contact :

Log in and out via IVR **1-800-820-9229**

Question Call : **1-800-820-9229**

Fax D & A to **1-800-933-5538**

Team : Gold

Dispatcher Notes :

#### BRIEF STATEMENT OF WORK & COMMENTS

3625 - RA - CO Phone Line/LEC Issue-INSTALL CRADLE POINT

\*\*\*\*HARD START 4/8 AT 1:00 PM EST\*\*\*

**\*\*TECH MUST WORK WITH CROSSCOM LEVEL 2\*\***

TECH MUST HAVE buttset, toner, wand, punch tool, with both 66 and 110 blades. cross connect wire. This is in addition to normal hand tools such as screwdrivers m pliers, wire cutters/snips.

PROBLEM: All phone lines and fax is down (only Line 1 is working). Kindly send a tech to check DT at DEMARC and to install ATA & Cradle point on 4/8 at 1:00PM. Tech must go with Butt-set, Laptop, Punching tool, 150 feet of CAT5 cable and other required tools. Tech must work with CrossCom Level 2. Tech must call RANOC Voice @ 7179755828.

Voice line as follows -

L1: 718-256-6635 / L

2: 718-256-6639 /

L3: 718-837-1579 /

L4: 718-256-2240 /

L5&AL: 718-256-6636 /

Fax:718-236-5870;

Short Description: ATA installation/ Kit18 ; Issue: No dial tone on multiple lines; Contact Name: Bryan Ng; Contact Email: bryan.ng@riteaid.com; [NOC10577SWINC3366145]

#### CROSSCOM LEVEL II NOTES

HARD START 4/8 AT 1:00 PM

Please send a VFT on 4/8 at 1:00 PM to test the lines and install cradle point and ATAs if needed. The technician must test with CrossCom Level II. Please send a VFT with a test set, toner wand, tone generator, cross connect, and a punch tool for 110 and 66 blocks. SEND VFT/MUST WORK WITH CROSSCOM LEVEL II



## TRIP INFORMATION

<u>Arrival Date</u>	<u>Arrival Time</u>	<u>TimeZone</u>	<u>TripDescription</u>	<u>NoOfTechs</u>
04/08/2024	01:00 PM	EDT	Service	1

## TECHNICAL NOTES

Site Contact: Manager on Duty

Type of Rate for the First Trip: Standard Rates

Travel Charge for the First Trip: None

Return trip is at Standard Rates

Only One (1) Tech is Approved for this work order

The technician MUST adhere to CrossCom's Dress Code, ID Badge and Tool Requirement

Tech will need cabling, jacks, cable tester and tools.

\*\*\*\* If WO involves any phone programming, technician should call CrossCom Gold Team 877-377-2261 x8852 and ask for Level 2 \*\*\*\*

The technician needs to Log In/Out via the CrossCom IVR 800-820-9229.

Also MUST speak with a CrossCom Technical Service Representative BEFORE LEAVING SITE upon logging out.

Failure to do so may result in non-payment.

## EXPECTATIONS:

DO NOT EXCEED 60 MINUTES - YOU MUST CALL CrossCom FOR AUTHORIZATION OF ADDITIONAL TIME.

Failure to update may result in a short pay.

Field Service Representatives must upload the completed work order prior to leaving site with manager's signature to the vendor portal at [www.mycrosscom.com](http://www.mycrosscom.com) PRIOR TO LEAVING SITE. Failure to upload paperwork in a timely manner may result in Non-Payment.



DO NOT complete any additional work on site without approval from CrossCom.

"PROGRAM CHANGES" are not to be made without corporate approval.

"SOW" must be confirmed and all work completed and addressed.

Please clean up any mess you make, this includes cables, jack, packing materials and boxes.

\*\*\*Do Not Leave a Mess\*\*\*

Rite Aid Customer Specifics:

\*\*\*"LEC ISSUES" are "NOT" to be reported to the LEC, only to CrossCom at log out\*\*\*

\*\*\* TECH MUST CONFIRM PARTS ARE ON SITE WITH CrossCom BEFORE ARRIVING TO SITE \*\*\*

\*\*\* The technician must send all defective or unused equipment back to CrossCom with the provided Pre-Paid Return Label\*\*\*

#### MATERIAL ON ORDER

<u>Part Number</u>	<u>Part Description</u>	<u>Provided By</u>	<u>Quantity</u>
NONE			

#### SPECIAL TOOLS

<u>Tool Description</u>	<u>Provided By</u>
NONE	

#### OPTIONAL ITEMS

Note : Confirm with CrossCom before performing any of these activity.

<u>Description</u>	<u>Quantity</u>
NONE	



TECHNICIAN DATA

Trip #

Date

On-Site At

Off-Site At

Manager Signature

Manager Printed Name

Description of Work:

Additional Trip Required? Yes / No

Customer Abuse (Circle): Yes No Explain: \_\_\_\_\_

Trip #

Date

On-Site At

Off-Site At

Manager Signature

Manager Printed Name

Description of Work:

Additional Trip Required? Yes / No

Customer Abuse (Circle): Yes No Explain: \_\_\_\_\_

COMMENTS

Manager Signature

Date & Time

Technician Signature

Date & Time