



Network Engineering Technologies  
 3140 Deming Way  
 Middleton, WI 53562  
 www.nettechnology.com

Vendor: 60426  
 Purchase Order: 654881-1320179-S80189323  
 Work Order: 1320179  
 Service ETA: 10/7/2021 9:00 AM  
 \*Purchase Order MUST appear on all invoices and  
 emailed to apinbox@nettechnology.com or invoice will be  
 rejected, Invoice must match this Purchase Order Receipt.

Site Location Information
<b>Customer:</b> ShopperTrak
<b>Site Number:</b> S80189323
<b>Location:</b> Goodwill 5550 775 Whitlock Ave., SW Marietta, GA 30064 (678) 766-1713
<b>Site Contact:</b> Store Manager

Technician Information
<b>Technician Name:</b> Unknown Tech
<b>Technician Phone:</b>
<b>Techs Manager:</b> Office
<b>Manager Phone:</b> 4058021262

**\*\*\* MUST CALL UPON ARRIVAL AND BEFORE SITE DEPARTURE \*\*\***

**NET Contact Info:** Please Call: 608 827-2271 \*Your call will be handled in the order received\* The following Login information is needed: your name, Company Name, work order#, callback number(mobile#)

Scheduling
1 billable technician required Arrival Time: 10/7/2021 9:00 AM
Scope of Work
ShopperTrak - Site Survey - Goodwill North Georgia - Technician should arrive onsite at the time designated on the Work Order.
Safety Protocol Requirements:
1. Techs to wear face coverings and gloves at all times when entering, working in, or exiting stores. a. This can include any of the following based on CDC guidelines: reusable or disposable masks.
2. Techs to maintain social distancing while in stores and follow all posted instructions for customer queuing/metering.
3. Techs to refrain from visiting stores if they have a fever of 100.4 F (37.94 C) or higher, or have exhibited any symptoms of COVID-19 within 14 days of the scheduled visit, (ex: fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell). a. Or if in the last 14 days, they have been out of the country, traveled by plane/cruise ship or been to areas known to have high concentrations of COVID-19 infections, or been in close contact with a person(s) with a positive or presumed positive COVID-19 case.
4. If a technician is diagnosed with COVID-19 or shown symptoms of COVID-19 within 2 weeks of visiting a store, inform NET/ShopperTrak of the diagnosis.
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1) Log-In -Call NET Helpdesk (608)827-2271(Option 3) for login. Please have Site ID(Commonly S800XXXXX) or Work Order ready.
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2) Work Order Details and Special Notes Perform site survey: -Determine how the cable will be run from the store`s doorway to the network switch. Cable must be concealed. -Complete the survey form fully and completely -Collect a signature from the manager or GC verifying the number of customer entrances (below Section1 Grid) -take pictures of survey forms and email them (see directions below). ***Survey forms must be submitted before leaving site.*** If you cannot email survey pages, text them (see directions below) or fax them to (866)476-6657.



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\*Required Tools:  
 Laser rangefinder or measuring tape  
 Smartphone or digital camera  
 Survey form v1.5

3) Pictures  
 TECH SHOULD BRING SMARTPHONE. Tech will need to send all photos listed on the survey form as well as pictures of the survey forms page 1 and 2(full page photos of each)

Send pictures to DSS@nettechnology.com

Email subject line MUST read [XXXXXX] where XXXXXX = WO number on NET Purchase order (Typically beginning with a 8 or 9)

If you encounter issues please try to send photos via text message (put DSS@nettechnology.com where you would normally put a phone number) or find an open WiFi hotspot nearby and try sending again on wireless signal.

4) Log-Out  
 Logout with NET Helpdesk 608-827-2271(Option 2)

\*YOU MUST LOGIN AND OUT WITH NET\*

\*FAILURE TO COMPLY WITH ANY PORTION OF THIS WORK ORDER WILL RESULT IN NON-PAYMENT\*

<b>Resolution</b>
REQUEST FOR QUOTE

\_\_\_\_\_  
 Customer - Managers Name (PRINT)

\_\_\_\_\_  
 Customer - Managers Name (SIGN)

\_\_\_\_\_  
 Date Time

\_\_\_\_\_  
 Technicians Name (PRINT)

\_\_\_\_\_  
 Technicians Name (SIGN)

\_\_\_\_\_  
 Date Time

**MANDATORY SIGN OFF OF TECHNICIAN AND CUSTOMER CONTACT MANAGER**

**Sign Off does not release tech from the job site. Any questions need to be directed to NET Tech Support.**