



Incident #: 113715  
 Customer Reference #: PSRR-5559  
 Site Name: Suburban Endoscopy Center  
 Site Contact: Kathy Shadiack  
 Address: 799 Bloomfield Ave  
 Verona New Jersey 7044  
 Site Phone: 201-747-9962

Please call (281) 668-3211 immediately upon arrival to check in.  
 Scheduled Date and Time: 3/23/2021 2:00:00 PM

Scope of Work:

799 Bloomfield Ave  
 Verona NJ 07044

SOW:

- The technician will be required to fill out ALL THE INFORMATION requested in the spreadsheet attached with the work order.
- Technician will survey the IDF/Telco/Data Closets and rooms to capture the data indicated on the template to be used for the survey
- Technician will confirm if UPS is online and will verify cabling connected to it
- Review data and determine the need of a UPS replacement

\*\*\*\*\* IMPORTANT Message on COVID-19 Requirements\*\*\*\*\*

By accepting this work order, all Tech Americas technicians agree to wear surgical or cloth masks while on-site and during the entire running time of the dispatch. Be prepared to follow acceptable social distancing measures and all official CDC COVID-19 related guidelines.

(\*\*TOOL REQUIREMENTS \*\*)

Technicians MUST carry the tools below for every dispatch:

- Laptop w/serial port or USB-to-serial adapter
- 4G Wireless card or MIFI, Hotspot or Tethering device.
- Console cable
- Cable toner
- Punch Down tool
- Lineman's Handset with Clips (AKA Buttset)
- Cable Crimper for mid-range copper connectors
- Electrical Multimeter
- 300' CAT5e cable
- Cross connect wire
- 6' to 8' ladder
- RJ-45 Jacks
- Modular Plugs
- Standard power drill

\*\*\*BRING LAPTOP WITH TEAM VIEWER, CONSOLE CABLE, INTERNET ACCESS\*\*\*

\*\*\*\*\* COLLATERAL \*\*\*\*\*

-Pictures  
 -Signed off WO  
 Must be sent right after execution at  
 leutliff@intellicomm1.com

Technician Name: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Service Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_



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I certify that all work was completed as described by the Scope of Work above.

**I will submit all photos and documentation to [lcutliff@intellicomm1.com](mailto:lcutliff@intellicomm1.com) within 24 hours.**

Technician Signature: \_\_\_\_\_

Customer Signature: \_\_\_\_\_