

By accepting this work order and performing the mentioned above services you are accepting the terms and conditions set forth in the Master Contractors Agreement.

Customer: Kohls Department Store Site: Kohls # 0447 - Johns Creek Address: 3630 Peachtree Pkwy Suwanee, GA 30024

Corner Address:

Phone: 678-474-4993

CROSSCOM NATIONAL INFORMATION:

Contact: Kelsey Seitz

Requested By: 65403 Problem Code: 121 Project Mac

Log in and out via IVR: (800) 820-9229 Fax D&A to: (800) 933-5538 Questions? Call: (800) 820-9229

BRIEF STATEMENT OF WORK & COMMENTS

Kohl's Return Trip Cradlepoint- 43183

TRIP INFORMATION

Arrival Date	Arrival Time	Time Zone	Trip Description	# Of Techs
07/30/2021	09:00 AM	EDT	Return Trip	1

TECHNICAL NOTES:

Technician will complete a return visit to site to assist in troueblshooting the cradlepoing device and/or other issues as outlined in the work order. Please contact Kohl's Help Desk upon arrival to step through troubleshooting.

* Trip: (1) Technician is required and the work will be performed in (1) Trip. See work order for trip time details.

* Material: Tech should be prepared to supply CAT5 patch cable(s) if needed.

* Special tools: Laptop with Aircard, Digital Camera, Label Maker, 10 & 12' ladders, Jewelers Flat Head Screw Driver

* The technician must log in and out with the CrossCom Project Team @ 800-820-9229.

MATERIAL ON ORDER

Part Number	Part Description	Provided By	Quantity
ANI-DS-227B2NLJ-01	Cat 6 Red CM Booted - Rollover Pin-Out - 10Ft	CrossCom	1.00

SPECIAL TOOLS

Description	Provided By
Laptop with Aircard	VFT
Digital Camera	VFT
Label Maker	VFT
10' - 12' Ladders	VFT
Jewelers Flat Head Screw Driver	VFT
Coax crimp tool	VFT
CAT6 Termiantion Tool	VFT

OPTIONAL ITEMS (Confirm with CrossCom before performing any of these activities.)

Description None

DELIVERABLES

Required before last trip checkout.				
Description	Acceptance Criteria	Туре		
Delivery & Acceptance		Delivery & Acceptance		





DELIVERY & ACCEPTANCE (D & A):

Trip #	Date	On-Site At	Off-Site At	
Manag	er Signature	Manager Printed	Name	
Additio	onal Trip Required? Yes / No			
Descri	ption of Work:			
Custor	ner Abuse: Yes / No Explain:			
Trip #	Date	On-Site At	Off-Site At	
Manag	er Signature	Manager Printed	Name	
Descri	onal Trip Required? Yes / No ption of Work: mer Abuse: Yes / No Explain:			
СНЕС	KLIST			
1.	Where in the store is the cradlepoint	device located?		
2.	Was a cable run required?			Yes / No
3.	If a cable run was required, how long	y was the run?		
4.	What color is the cross-over patch ca	ble?		
5. Are all patch cables going to the cradlepoint device labeled?				Yes / No
6.	Who signed your paperwork? (first a	nd last name)		
7.	What was the release code number p	provided by the Kohls Help Desk?		
8.	Additional Comments:			
9.	How many technicians were on site?	(if more than one trip, specify qty p	er trip)	
10.	If CAT6 cable/jacks were shipped bu take unused equipment from site wit			

This document must be signed by the site manager and by the technician. See the final page.



COMMENTS & SIGNATURES

Comments

Manager Signature _____

_____ Date & Time _

Technician Signature ____

____ Date & Time _