



Incident #: 118088
Customer Reference #: Marshalls - M0125
Site Name: Marshalls - M0125
Site Contact:
Address: 9169 Roosevelt Boulevard
Philadelphia Pennsylvania 19114
Site Phone: 215-676-3025

Please call (281) 668-3211 immediately upon arrival to check in.

Scheduled Date and Time: 6/23/2021 3:00:00 PM

Scope of Work:

PRINT PDF ATTACHED (GUIDELINE AND CHECKLIST)*

PAGE #1 TO #5 = GUIDELINE (TAKE ALL PICTURES)

PAGE #6 TO #11 = SURVEY/CHECKLIST (MUST BE FILLED)

IMPORTANT

Technicians will be required to send pictures and the filled out document during the check-out process for validation to lcutliff@intellicomm1.com.

*Upon Arrival Log in with Tech Americas 281-668-3211

*Issues, or no access to site will need to be escalated to Tech Americas 281-668-3211 as they happen in real time so we can update the ticket notes and resolve the problem.

*All survey forms, information, and pics MUST be completely filled out while tech on-site. You must send the completed survey form/document to lcutliff@intellicomm1.com to be reviewed before you will be released from the site.

*Log out with Tech Americas 281-668-3211

SOW

The overall goal of this Project is to deliver the following:

- To complete an onsite survey to determine the current equipment layout for customer remodel at each site.

Tasks:

-Technician to print out the site survey document and have it ready on the dispatch date.

-Technician to fill out the provided document and capture all the information requested at each area (Frontline Checkout Style, Electronic Queue, Register area, Cash Drawer Security Bracket).

-Technician to collect the following Pictures:

- _____ Complete Frontline from the customers view
- _____ Register display closest to the Front Door
- _____ Telephone mount at the Register closest to the Front Door
- _____ Call Forwarding Main Display
- _____ Any Distributed Registers (if applicable)
- _____ Frontline IDF Cabinet (if applicable)
- _____ Jewelry register
- _____ Office IDF patch panel and switch
- _____ System room rack, telephone, rack camera and door lock
- _____ Electrical room sound system and telephone system
- _____ Lounge time clocks & telephone.
- _____ Training room (if applicable)
- _____ Fill out survey form pages 6-9

-All pictures are required to be labeled with the description of the area visited.

***** 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. For the sake of protecting the health of our customers, this requirement

Tech Americas USA, Inc.
22503 Katy Freeway, Katy, Texas 77450
Support Center: 281-668-3211
Fax: 281-898-7870



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applies to ALL of our dispatches regardless of state, region or country where the job is executed. Be prepared to follow acceptable social distancing measures and all official CDC COVID-19 related guidelines.

Technician Name: _____ Arrival Time: _____

Service Date: _____ Departure Time: _____

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 within 24 hours.

Technician Signature: _____

Customer Signature: _____