



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

Vendor: 60426  
Purchase Order: 654866-1320164-S80189303  
Work Order: 1320164  
Service ETA: 10/6/2021 11:00 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

**Customer:** ShopperTrak  
**Site Number:** S80189303  
**Location:** Goodwill 5522  
6650 Roswell Road  
Atlanta, GA 30328  
(404) 531-0367  
**Site Contact:** Store Manager

#### Technician Information

**Technician Name:** Unknown Tech  
**Technician Phone:**  
**Techs Manager:** Office  
**Manager Phone:** 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: 10/6/2021 11:00 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\***

**Resolution**

\_\_\_\_\_  
**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.**