



Incident #: 118079

Customer Reference #: TJMaxx - T0612

Site Name: TJMaxx - T0612

Site Contact:

Address: 101 E Swedesford Rd

Exton Pennsylvania 19341

Site Phone: 610-524-3129

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

Scheduled Date and Time: 6/22/2021 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 checkout 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



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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: _____