

SR16373269

##39H2397727##



**ShopperTrak**  
170 Chastain Meadows Ct  
Kennesaw, GA 30144

CTN3067956

## Service Request

SR16373269

Rev 0

**ShopperTrak Helpdesk #: 800-493-0016****SR Type: Site Survey (US)**

Dispatch Type: (SS)

Reference Number: S80189072

End User Reference: 4SJG

Date: 09/21/2021 Window: 10:00 to 12:00 EDT Expected Duration: 70 minutes PO#: T01400120

Site Contact: Jalil or Burak Phone: 631-506-6361 Alt. Phone: 631-294-2833

Company: T-Mobile - West Babylon Address: 789 W Montauk Highway

City: West Babylon State: NY Zip: 11704

TAC: 404.536.4721 (AT&amp;T) | 678.332.8358 (Verizon) | 678.460.2530 (Other)

**SR DETAILS****ShopperTrak Ticket Requester:** Emily**ShopperTrak Rep Phone Number:** Unknown**DESCRIPTION OF WORK**

Site Survey (US): Call TAC for Details

**SR CHECKLIST**

1. Call Genesis +1.800.493.0016 to log onsite
2. Refer to the attached install guide for specific installation instructions.
3. Verify all installation areas are clean and that you properly dispose of all trash.
4. Please submit all deliverables
5. Leave site.
6. Submit all Post Visit Completion (PVC) tasks within 24 hours of logging off site.

**To be completed by the Field Engineer (FE): 43398**

<b>Call Result:</b> <input type="checkbox"/> Successful <input type="checkbox"/> Incomplete	<b>Incomplete Reason:</b>	<b>Installed Equipment:</b> Make/Model: _____ Serial Number: _____ _____ _____ _____ _____
<b>Materials Used:</b> Description: _____ Qty: _____ _____ _____ _____ _____ _____	<b>Required for all calls:</b> Time at Log-on: _____:_____ EDT Time at Log-off: _____:_____ EDT Customer Helldesk Rep. Name: _____ Customer Call Closure Code: _____ Onepath TAC Rep. Name: _____ Onepath TAC Closure Code: _____	<b>RMA Equipment:</b> Make/Model: _____ Serial Number: _____ _____ _____ _____ _____
FE Initials: _____	End-User Name (Please Print): _____ Title: _____	End-User Signature: _____ Date: _____

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**Description:** This is a site survey for ShopperTrak to complete a survey form for orbit placement and cabling to the device. Call Genesis with any questions.

**Required Tools:** Standard Telco + 10ft ladder

**Required Materials:** Standard Telco

**Required Skills:** Network and Cabling

**RMA Handling:** For unused or defective ShopperTrak provided gear: If there was a return label provided with the equipment, DISCARD IT. All returns will follow the call tag process. Record the make/model/serial of any unused or defective equipment on the Equipment Return Form and package the device(s) in the box the new gear came in. Seal the box so it is ready for shipment and ask the MOD to keep in a safe place. Advise the MOD that FedEx will be onsite in 1-5 business days with their own return label - all the MOD has to do is hand FedEx the box. Ask the MOD sign the equipment return form, acknowledging receipt of the return gear and their understanding of the return process. Upload a photo of the signed equipment return form to myESP.

**FE Overage Threshold:** 1 hour

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Survey

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**Equipment:**



# Customer Site Survey Form

## Instructions

1. Fill out all applicable fields completely.
2. If you have any questions, please contact your service provider for assistance.
3. Follow the entrance and photo guides at the end of this document.

**Site survey and photos must be submitted before scope of work will be considered complete.**

## Location Information

Task #:	ShopperTrak Site ID:	Tech Name:
Location Name:		Store #:
Location Address:		Suite #:
Primary Site Contact:		Contact Phone #:
Hours of access for installation:		Type of location: MALL RETAIL STORE
Store Opening Date:		Network live date:

## Entrance Information

How many Shoppertrak full installations have you completed? 0-5 6-15 16+

Store Entrance	Floor Level	Door Type	Door Swing	Door Width <i>Measured in INCHES</i>	*Ceiling Height <i>at mounting location</i>	Ceiling Type	Ceiling Color	Means of Mounting	Vestibule Entrance Y/N
1st									
2nd									
3rd									
4th									

\*Measure the ceiling height at the following distances

from the door in INCHES: 0-12\_\_\_\_ 24\_\_\_\_ 30\_\_\_\_ 36\_\_\_\_

Length of cable run:\_\_\_\_\_FT \*Please include service loops

If multiple entrances: Cable Distance from Entrance 1 - Entrance 2:\_\_\_\_\_FT  
Cable Distance from Entrance 2 - Entrance 3:\_\_\_\_\_FT  
Cable Distance from Entrance 3 - Entrance 4:\_\_\_\_\_FT

Are there any obstacles between the door and 36" mounting location? YES NO

If YES, state what the obstacles are and their distance from the door:\_\_\_\_\_

Can the Orbit be surface mounted? YES NO Can the Orbit be flush mounted? YES NO

If Orbit cannot be surface mounted, please explain how \_\_\_\_\_  
you will mount it and at what height:

If flush mounting, can you confirm there are no obstructions above the ceiling? YES NO

Is there an existing ShopperTrak device installed? YES NO

If yes, please list type and locations of devices:\_\_\_\_\_

Cabling and Install Information			
Will union labor be required?	YES	NO	
Are any permits required?	YES	NO	If yes, specify permit type:
Is the store pre-cabled for ShopperTrak?	YES	NO	If not pre-cabled, tech is responsible for running the cable during the install.
Does the cable require it's own means of support or conduit?	YES	NO	
What is the highest point between the door and cable room you must reach? _____ FT			
What type of ceiling does the cable need to be run through?			
Do you know how to run the cable without being exposed?	YES	NO	
Are there usable access panels or points?	YES	NO	
Installation Requirements and Materials			
Is there a ladder on-site tall enough to reach all specified heights?	YES	NO	
If no, do you have access to a tall enough ladder?	YES	NO	
Circle what is needed to complete the install: Ladder Rental   Lift   2 Techs   Conduit   Wire Mold			
If you circled any of the above, please explain install plan: _____			
Network Information			
Location of network device:		Type of network device:	
Is network installed and operational?	YES	NO	
If yes, are there available ports on the network device?	YES	NO	How many? _____
Are there available power outlets by the network?	YES	NO	How many? _____
Entrance Guide			
The following are acceptable options for filling out the entrance information.			
<b>Floor Level</b> (refers to store only, not floor level in mall): Lower, 1st, 2nd, etc			
<b>Door type:</b> Single, Double, Gate, Open, Sliding, Revolving			
<b>Door swing:</b> In, Out, Roll-up, Sliding, Revolving			
<b>Ceiling type:</b> Drop Tile, Dry Wall, Exposed, Hard Lid			
<b>Means of mounting:</b> Y-bracket(Surface), Angle Bracket, Flush Mount, Post Mount, Toggle Bolt, Beam Mount			
Site Photo Guide			
Photos MUST follow this naming convention: Site ID - Description - View.jpg			
<input type="checkbox"/> Front of entrance/entrances from OUTSIDE of store ( <b>Site ID-Entrance#-Front.jpg</b> ) <input type="checkbox"/> Back of entrance/entrances from INSIDE of store ( <b>Site ID-Entrance#-Back.jpg</b> ) <input type="checkbox"/> Ceiling approx. 36" back from entrance, at mounting location ( <b>Site ID-Entrance#-Ceiling.jpg</b> ) <input type="checkbox"/> Left side of entrance, as viewed from the right side ( <b>Site ID-Entrance#-Left.jpg</b> ) <input type="checkbox"/> Right side of entrance, as viewed from the left side ( <b>Site ID-Entrance#-Right.jpg</b> ) <input type="checkbox"/> Ceiling transition and direct line of cable route ( <b>Site ID-Entrance#-Ceiling Transition.jpg</b> ) <input type="checkbox"/> Network frame ( <b>Site ID-Network Frame-Front.jpg</b> ) <input type="checkbox"/> Demarc or Demarc extension ( <b>Site ID-Demarc-Front.jpg</b> ) <input type="checkbox"/> If solid ceiling, photos of available access panels ( <b>Site ID-Access Panel-Ceiling.jpg</b> ) <input type="checkbox"/> If wire mold is required, photos of wire mold route ( <b>Site ID-Cable Route-Front.jpg</b> ) <input type="checkbox"/> If replacing existing Orbit(s), photos of existing equipment ( <b>Site ID-ExistingEQ-Ceiling.jpg</b> )			