



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 INFORMATION:

Customer: Target Corporation

Site: Target #1453

Address: 3065 Atlanta Hwy
Athens, GA 30606

Corner Address:

Phone: 706-208-9379

Requested By: 65529

Problem Code: 100 Misc Multi-Site Project

CROSSCOM NATIONAL INFORMATION:

Contact: Samantha Gerrity

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

Target Intelliscan Scanner Refresh Phase 2 (Qty 4) - 42318

TRIP INFORMATION

Arrival Date	Arrival Time	Time Zone	Trip Description	# Of Techs
01/08/2021	05:00 AM	EST	Scanner Refresh	1

TECHNICAL NOTES:

Self Checkout Scanner Refresh (qty 4)

Scope: Technician(s) to refresh existing flatbeds with new Zebra MP Series Scanner. Equipment supplied by Target and will be on site prior to tech arrival.

1. Tech to check in and locate Devices in store
2. Communicate install plan with store team lead
3. Vendor will start refreshing busiest lanes – ones the store will use most when store opens
- 3.1. Please work with a store Team Lead to determine SCO install priority
4. Confirm that all Devices are in working condition – if there are any OBF's, please contact your Deployment Support to fill out a MAC/ATR request for a new Device.
5. Ensure pallets of Devices are not on sales floor during store hours – keep the work area clean
6. Do not cut any old cables – this is important if back out process is needed
7. Follow install steps in install guide provided
8. Validate operation of new scanner scales with CrossCom Deployment Support

* Equipment: Work with CrossCom PM to get tracking or RMA information as required. Record serial #'s.

* Trip: (1) technician is required for (1) trip. Work is preferred to be performed before store open.

* Materials: velcro (if needed for cable routing)

* Special tools: Laptop w/ aircard, digital camera, cable tester with downloadable results.

* The technicians will log in and out with the CrossCom National Project Team @ 800-820-9229.

* Deliverables will be required to validate work completion and craftsmanship. All deliverables must be uploaded through the vendor portal prior to leaving the work site. Failure to provide deliverables will result in non-payment.

MATERIAL ON ORDER

Part Number	Part Description	Provided By	Quantity
None			

SPECIAL TOOLS

Description	Provided By
Laptop with Air Card	VFT
Digital Camera	VFT
Cable Tester with downloadable results	VFT

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

None

DELIVERABLES

Required before last trip checkout.

Description	Acceptance Criteria	Type
Delivery & Acceptance		Delivery & Acceptance
Deinstalled Equipment on CRC pallet w/ placard sho	8' away showing where palletized equipment is left in the store, with placard showing store# and date	Pictures
Photo of installed Scanner w/ placard of site#	5' showing self check out station with scanner and notecard w/ store# and reg#	Pictures

Pertinent Log History Comments

Date	Comment	Entered By
01/06/2021 09:30 AM	Contract resent per the request of Samantha Gerrity Email to: scheduling@intellicomm services.com, lcutliff@intellicomm1.com	Nathan Hockenberry



DELIVERY & ACCEPTANCE (D & A):

Trip # _____ Date _____ On-Site At _____ Off-Site At _____

Manager Signature _____ Manager Printed Name _____

Additional Trip Required? Yes / No

Description of Work: _____

Customer Abuse: Yes / No Explain: _____

Trip # _____ Date _____ On-Site At _____ Off-Site At _____

Manager Signature _____ Manager Printed Name _____

Additional Trip Required? Yes / No

Description of Work: _____

Customer Abuse: Yes / No Explain: _____

CHECKLIST

1. Name of the team leader & title that escorted you to the equipment? _____
2. Did you install scanners or scales & how many? _____
3. Is an additional trip required to complete? If so, when? _____
4. Did you experience any delays on site? If so, what? _____
5. Who from Crosscom Deployment Support validated network connectivity? _____
6. Did we test gift cards on all lanes? Any issues? _____
7. Did all peripherals work after the install? MOST SPECIFICALLY THE HAND SCANNER Yes / No
8. Did we test all FB with the manager? Did the volume change? _____
9. Was the filler plate installed? This is a requirement. Yes / No
10. Name and title of the store team that you signed off on work completed? _____



COMMENTS & SIGNATURES

Comments _____

Manager Signature _____ Date & Time _____

Technician Signature _____ Date & Time _____