



RSM Facility Solutions
 461 From Road Suite 255
 Paramus, NJ 07652
 (973) 253-9300 Office

Sign Off Sheet
Work Order # 1511903
Assignment # 4038815
Priority: Planned

| | |
|--|--|
| Client: CARTER'S Retail Inc. | Client PO: 7570221 |
| Brand: Carters | Priority: Planned |
| Facility: Carters CAR757 | WO Manager: Stefania Montes |
| Address: 5000 Katy Mills Circle, Suite 630 Katy Mills Katy, TX 77494 Map +1 281 644 5585 | smontes@rsm365.com +1 973 253 9300 x578 |
| | After Hours Contact: +1 (888) 776-6775 x138 |

IVR ID: 124144 Assignment ID: 4038815

IVR Instructions

Dial: (833) 350-1776
 Press 1 to Check In, Press 2 to Check Out

IVR ID AND ASSIGNMENT ID SHOWN ABOVE

- Any problems using the IVR call, (888) 776-6775 and ask for WO Manager (see above)
- Failure to check in and out of the IVR system can result in a deduction from, or non-payment of, this work order.

HVAC | HVAC PM

Original Request:
 CARTER'S SPECIFIC: RSM WILL PROVIDE YOU WITH THE WEEKLY CODE NEEDED FOR MOD FOR ENTRY INTO THE STORE.

• SEE HVAC PM CHECKLIST FOR TASKS FOR APPLICABLE
 • FILTERS MUST BE DATED AND A PICTURE OF THE DATED FILTERS MUST BE PROVIDED.
 • MUST FILL OUT EQUIPMENT LIST FOR PAYMENT OF ALL UNITS ON SITE, MODELS/SERIAL NUMBERS/TONNAGE/AGE/FILTER SIZE/BELT SIZE
 • MUST CONTACT STORE MANAGER PRIOR TO PERFORMING PM.
 • VENDOR SIGN-OFF MUST HAVE STORE STAMP.
 *ANY ADDITIONAL WORK BEYOND THE PM SCOPE MUST BE QUOTED AND WRITTEN ON A SEPARATE WORK ORDER.

Visit Instructions:
 VENDOR PASSCODE
 12/25-12/31 SOUR
 01/01 - 01/07 CANDY

| | | | |
|----------------------|--------------------|---------------------|----------------------|
| Unit #: _____ | Make: _____ | Model: _____ | Serial: _____ |
| Unit #: _____ | Make: _____ | Model: _____ | Serial: _____ |

Description of Work Performed:

Recommendations:

Check In Time: _____ : _____ **Check Out Time:** _____ : _____ **# of Technicians:** _____

Facility Section

| | |
|----------------------------|--------------------|
| _____ Tech Needs to Return | Facility Comments: |
|----------------------------|--------------------|

_____ work Not Completed to Satisfaction

_____ Work Completed to Satisfaction

Manager Printed Name: _____

Manager Signature: _____

Date: _____