



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

Sign Off Sheet
Work Order # 1511917
Assignment # 4038829
Priority: Planned

Client: CARTER'S Retail Inc.	Client PO: 10920134
Brand: Carters	Priority: Planned
Facility: Carters CAR1092	WO Manager: Stefania Montes
Address: 4400 North Freeway Suite E 1000 HOUSTON, TX 77022 Map +1 (713) 699-3495	smontes@rsm365.com +1 973 253 9300 x578
	After Hours Contact: +1 (888) 776-6775 x138

IVR ID: 124144 Assignment ID: 4038829

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

<input type="checkbox"/> Tech Needs to Return <input type="checkbox"/> Work Not Completed to Satisfaction	Facility Comments:
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____ Work Completed to Satisfaction

Manager Printed Name: _____

Manager Signature: _____

Date: _____