



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

**Sign Off Sheet**  
**Work Order # 1511925**  
**Assignment # 4038837**  
*Priority: Planned*

<b>Client:</b> CARTER'S Retail Inc.	<b>Client PO:</b> 11430200
<b>Brand:</b> Carters	<b>Priority:</b> Planned
<b>Facility:</b> Carters   CAR1143	<b>WO Manager:</b> Stefania Montes
<b>Address:</b> 6600 Spring Stuebner Road Suite 144 SPRING, TX 77389 <a href="#">Map</a> +1 (832) 717-0309	smontes@rsm365.com +1 973 253 9300 x578
	<b>After Hours Contact:</b> +1 (888) 776-6775 x138

**IVR ID: 124144    Assignment ID: 4038837**

**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

<b>Unit #:</b> _____	<b>Make:</b> _____	<b>Model:</b> _____	<b>Serial:</b> _____
<b>Unit #:</b> _____	<b>Make:</b> _____	<b>Model:</b> _____	<b>Serial:</b> _____

**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: \_\_\_\_\_