

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

Sign Off Sheet

Work Order # 1511933 **Assignment # 4038846**

Priority: Planned

CARTER'S Retail Inc. **Client PO: 8030159** Client: Brand: Carters Priority: Planned

Facility: Carters | CAR803 WO Manager: Stefania Montes

smontes@rsm365.com +1 973 253 9300 x578

Deerbrook Marketplace After Hours Contact: +1 (888) 776-6775 x138 Humble, TX 77338 Map

IVR ID: 124144 Assignment ID: 4038846

IVR Instructions

Dial: (833) 350-1776

Press 1 to Check In, Press 2 to Check Out

Address: 20506 U.S Highway 59 North

+1 (281) 446-2639

Suite 400

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:

| | · aomy oommone. |
|------------------------------------|-----------------|
| Work Not Completed to Satisfaction | |
| Work Completed to Satisfaction | |
| Manager Printed Name: | |
| Manager Signature: | Date: |