



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

Sign Off Sheet
Work Order # 1511951
Assignment # 4046061
Priority: Planned

| | |
|--|--|
| Client: CARTER'S Retail Inc. | Client PO: 10950227 |
| Brand: Carters | Priority: Planned |
| Facility: Carters CAR1095 | WO Manager: Stefania Montes |
| Address: 14251 East Sam Houston Parkway Building A, Suite 100 HOUSTON, TX 77004 Map | smontes@rsm365.com +1 973 253 9300 x578 |
| +1 (281) 459-4253 | After Hours Contact: +1 (888) 776-6775 x138 |

IVR ID: 124144 Assignment ID: 4046061

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.

Assignment Scope:

Bam,
 I am sending you one more Carter's HVAC PM in Houston. Please add this to the schedule.
 thanks

Visit Instructions:

VENDOR PASSCODE
 01/22-01/28 Scissors

| | | | |
|---------------------------------------|--------------------|--------------------------------------|----------------------|
| 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

Work Not Completed to Satisfaction

Work Completed to Satisfaction

Facility Comments:

Manager Printed Name: _____

Manager Signature: _____

Date: _____