



Comfort. Under control.

03-13-23 CULVERS - APPLETON, WI

CheckList Information

Name : RETURN TRIP **Status :** NotSubmitted
Assigned Organization : National TAB **Asset :**
Requesting Organization : National TAB

CheckList Item Details

REQUIRED INFO FOR RETURN TRIP SCHEDULING	
INITIATOR OF RETURN (PERSON COMPLETING THIS CHECKLIST)	WILL
SCOPE OF RETURN	FINISH BALANCING
TIME LEFT ON SITE (W/O TRAVEL)	2 DAYS APPROXIMATELY
BILLABLE? IF SO, PRICE AND (IF POSSIBLE) CLIENT APPROVAL	NO.
WHEN WAS RETURN ADDED TO RETURN LIST?	3/16
RETURN AT STANDARD LEAD TIME OR BY SPECIFIED DATE (PROVIDE DATE)?	5/1 TENTATIVELY - NEED TO WAIT UNTIL IT IS ABOVE FREEZING SO ROOF ACCESS AVAILABLE
IS CoO HELD UP BY OUR RETURN?	NO - OPEN STORE
WHO DO WE NEED TO COORDINATE THE RETURN WITH?	STORE/ORIGINAL SCHEDULING EMAIL
ADDITIONAL SPECIAL REQUIREMENTS (IE: LIFT?)	NO
INITIAL TECH ON SITE	MICHAEL
HAS CHECKLIST BEEN COMPLETE AND SENT TO SCHEDULER?	YES

Notes/Comments :