

MaintenanceProtectorServices™

Increased Profits, Improved Productivity and Compliance

The Protection & Safety of Assets, Personnel, Contracts and Work Flow

Off-Site Data Management Profile

Section One: Contact Information

Company Name: _____ Date: _____

Contact Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: (____) _____ Ext: _____ Fax: (____) _____

Email Address: _____ Mobile Phone: (____) _____

Section Two: Maintenance Information

Number of Support Personnel: _____ Number of Work Orders Per Year: _____

Number of Asset/Equipment Items: _____ Revenue Generated Per Year: \$ _____

Number Contracts in Place: _____ Contracted Dollars: \$ _____

Annual Budget for Support: \$ _____ How many clerical persons: _____

Support Departments:

Department Name: _____ Contact Name: _____

Department Name: _____ Contact Name: _____

Department Name: _____ Contact Name: _____

Department Name: _____ Contact Name: _____

Section Three: Programs in Place

What software program is in place: _____ Cost: \$ _____

Request for Initial On-Site Fee: \$1,900 [one (1) day]: Yes No
Request for Operations Evaluation Analysis \$3,900 [2 days]: Yes No
Request for Pre-Inspection for Compliance \$3,900 [2 days]: Yes No [JCAHO, CAP, etc.]

Section Four: Accountant/Accounting Information

Name: _____ Contact: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (____) _____ Fax (____) _____ Email: _____

Section Five: Support Department Information

Do you have an SOP Manual: [] Yes [] No [standard operations procedures]

Do you have a Environment Safety Manual: [] Yes [] No

Do you receive these reports a monthly basis:

Cost versus Time Ratio (CVTR): [] Yes [] No

Mean Time Analysis (MTA): [] Yes [] No

Inventory Acquisition Value Percentage (IAV%): [] Yes [] No

Total Cost of Operations (TCO): [] Yes [] No

Inventory Recapture Replacement Value (IVVR): [] Yes [] No

Operational Availability (Ao): [] Yes [] No

Work Order Trial Journals (WOTJ): [] Yes [] No

Daily Call Completions (DCC): [] Yes [] No

Annual Maintenance Summary (AMS): [] Yes [] No

Section Six: Off-Site Data Management Requests

Preventive Maintenance (1,000 equipment items) \$99 per month: [] Yes [] No

Corrective and Demand Work Orders (250 work order per month) \$ 99 per month: [] Yes [] No

PM and Demand Work Orders (500 work orders per month) \$189 per month: [] Yes [] No

Corrective and Demand Reports (150 different to select from) \$39 per month: [] Yes [] No

Asset Management Reports (add up to 500 assets with reports) \$49 per month: [] Yes [] No

Other: _____ [] Yes [] No

Section Seven: Authorizations

Monthly Fee Proposed: \$ _____ Payment Date: _____

Initial On-Site Fee: \$ _____ Date Approved: _____

Operations Evaluation Analysis: \$ _____ Date Approved: _____

Annual Contract Fee: \$ _____ Date Approved: _____

Authorized Signature: _____ Date: _____

Authorized Telephone Contact Number: (____) _____ Extension: _____