

PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)



PTS DOC #
- ELECTRONIC

FORM VERIFIER LINE # 1
START DATE 11/8/21
STOP DATE 11/8/21

INITIALS CE
START DAY Monday
END DAY Monday

CREW SHEET#
LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE
TES - 110821 - 8

JOB NUMBER-COMPLETE
101107056

JOB NAME
Cortland Estates

JOB ADDRESS
240 McMillan Ct Bldg 240
CortlandIL

SAFETY TOPIC
Back Sa fety

TOOL BOX TRAINING COMPLETED?
☐ ☐

LOSS CAUSE
☐ FIRE
☐ WATER/FLOOD
☐ WIND
☐ MOLD
☐ EARTHQUAKE
☐
☐

CODE
L00
L01
L02
L03
L04
L05
L06

LOCATION
Site

WEATHER
☐ HUMID
☐ TEMP 55
☐ SNOW
☐ RAIN
☐ WINDY
☐
☐

JOB STATUS
New ☐
Ongoing ☐
Comp ☐
Hold ☐
Other ☐
Contact:
Lockbox / Other Code:

RETURN
Date -
Time -
(explain why in description)

CODE
529
530
518
523
527
453
N/A

VEHICLE NAME (TABLE)
PICKUP, SUV OR CAR
VAN, PASSENGER/CARGO
TRUCK-MOVING/BOX/BOARD UP
TRUCK, 3/4 TON PICKUP
TRUCK, 1 TON 4X4 W/LIFTGATE
TRUCK, EXTRACTION
NO VEHICLE

FOR RENTAL CARS:
FILL IN VEHICLE CODE AND CHECK BOX

OFFICE	ID#	PERSONNEL NAME		RATE CLASS	24 HOUR CLOCK			TOTAL HOURS	LOCATION CODE	PHASE CODE	HOURS BY PHASE	SMALL TOOLS					SEE GUIDE SHEET		SHARE ROOM	SEE TABLE	PERSONNEL NAME	
		START TIME	LUNCH		STOP TIME	CONFIRM HOURS BY PERSON	HOTEL NAME CODE	HOTEL ROOM #				VEHICLE CODE	YOUR SIGNATURE REPRESENTS THE APPROVAL TO PAY YOUR DOCUMENTED HOURS WORKED. A LACK OF SIGNATURE MAY RESULT IN UNTIMELY OR NO PAY									
			START TIME			STOP TIME								BY OTHER								
															PRINT FIRST THEN LAST NAME							
1	1011	1519008	Caleb Edwards		930	00	1030	1.00	L00	JBC	1.00	N	N	N	N	N	N/a	N/a	N	530		VERIFIER
2	1011	707	Pe dro Forrero		930	00	1030	1.00	L00	JBC	1.00	N	N	N	N	N	N/a	N/a	N	N/A		VERIFIER
3												N	N	N	N	N			N		VERIFIER	
4												N	N	N	N	N			N		VERIFIER	
5												N	N	N	N	N			N		VERIFIER	
6												N	N	N	N	N			N		VERIFIER	
7												N	N	N	N	N			N		VERIFIER	
8												N	N	N	N	N			N		VERIFIER	
9												N	N	N	N	N			N		VERIFIER	
10												N	N	N	N	N			N		VERIFIER	
11												N	N	N	N	N			N		VERIFIER	
12												N	N	N	N	N			N		VERIFIER	
13												N	N	N	N	N			N		VERIFIER	
14												N	N	N	N	N			N		VERIFIER	

RESPONSIBILITY OF APPROVER: PLEASE COMPLETE ALL REQUESTS BELOW

STEP 1-PRINT APPROVER NAME
Jordan Hankey

STEP 2-DID THE FORM VERIFIER REVIEW THIS FORM FOR COMPLETION?
IF "N", YOU MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES INCLUDING TOP SECTION OF FORM

STEP 3-TOTAL HRS
2

THESE TWO TOTALS SHOULD MATCH

STEP 4-PHASE HRS
2

STEP 5 - DOES THE PTS COVER:
WHO WHERE WHEN
WORK DESC: WHAT WHERE WHY HOW

APPROVER SIGNATURE TO VERIFY FORM IS COMPLETED
Jordan Hankey

WORK DESCRIPTION: BASED ON LOCATION(S) WORKED AND PHASE CODE(S), PLEASE DESCRIBE WHAT WORK THE CREW PERFORMED

Arrived on site, met with property manager Tina

Checked moisture levels in the closet, all walls are dry to standards

Drywall is raised so was not affected by the cat 3 water

Still an odor coming from closet, used MMR on concrete floor and wiped down thoroughly

Removed dehumidifier, mitigation is complete for this job