

PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)



PTS DOC# - ELECTRONIC	FORM VERIFIER LINE # 1		INITIALS Am	JOB NUMBER-COMPLETE		LOSS CAUSE		CODE	LOCATION	WEATHER		JOB STATUS		CODE VEHICLE NAME (TABLE)	
	START DATE		START DAY		101108149		<input type="checkbox"/> FIRE		L00	Site	<input type="checkbox"/> HUMID		New <input type="checkbox"/>	RETURN	
	1/15/24		Monday		JOB NAME		<input type="checkbox"/> WATER/FLOOD		L01		<input type="checkbox"/> TEMP 2		Ongoing <input type="checkbox"/>	Date -	
	STOP DATE		END DAY		Greystar 1401 S State St		<input type="checkbox"/> WIND		L02		<input type="checkbox"/> SNOW		Comp <input type="checkbox"/>	Time -	
	1/15/24		Monday		JOB ADDRESS		<input type="checkbox"/> MOLD		L03		<input type="checkbox"/> RAIN		Hold <input type="checkbox"/>	(explain why in description)	
CREW SHEET#				1401 S StateSt		<input type="checkbox"/> EARTHQUAKE		L04		<input type="checkbox"/> WINDY		Other		Contact:	
LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE				Chicago IL				L05		<input type="checkbox"/>		Lockbox / Other Code:			
EST - 11524 - 35				SAFETY TOPIC		TOOL BOX TRAINING COMPLETED?		L06		<input type="checkbox"/>					
				Ppe											

OFFICE	ID#	PERSONNEL NAME	RATE CLASS	24 HOUR CLOCK			TOTAL HOURS	LOCATION CODE	PHASE CODE	HOURS BY PHASE	SMALL TOOLS	PPE	PRP - FIT TEST	PPF - HARNESS	PER DIEM	SEE GUIDE SHEET		SHARE ROOM	SEE TABLE	PERSONNEL NAME		
		CLEARLY PRINT YOUR NAME HELPS ENSURE THE CORRECT PERSON IS BEING PAID FOR HOURS WORKED. AN ILLEGIBLE NAME MAY RESULT IN UNTIMELY OR NO PAY		24 HOUR	LUNCH	24 HOUR	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	START TIME	STOP TIME															BY OTHER	
					STOP TIME																	
		PRINT FIRST <u>THEN</u> LAST NAME		START TIME	STOP TIME	STOP TIME													SIGNATURE-END OF SHIFT			
1	1011	1786035	Alex morales		1530	0	2300	7.50	L00	EME	7.50	N	N	N	N	N	Na	Na	N	530		VERIFIER
						0													<input type="checkbox"/> RENTAL		Am	
2	1011	1910994	Gustavo galvez		1530	0	2300	7.50	L00	EME	7.50	N	N	N	N	N	Na	Na	N	N/A		VERIFIER
						0													<input type="checkbox"/> RENTAL		Am	
3	1011	707	Sebastian flores		1500	0	2300	8.00	L00	EME	8.00	N	N	N	N	N	Na	Na	N	N/A		VERIFIER
						0													<input type="checkbox"/> RENTAL		Am	
4	1011	707	Oscar mendez		1500	0	2300	8.00	L00	EME	8.00	N	N	N	N	N	Na	Na	N	N/A		VERIFIER
						0													<input type="checkbox"/> RENTAL		Am	
5	1011	707	Juan david osario		1500	0	2300	8.00	L00	EME	8.00	N	N	N	N	N	Na	Na	N	N/A		VERIFIER
						0													<input type="checkbox"/> RENTAL		Am	
6												N	N	N	N	N			N			VERIFIER
																			<input type="checkbox"/> RENTAL			
7												N	N	N	N	N			N			VERIFIER
																			<input type="checkbox"/> RENTAL			
8												N	N	N	N	N			N			VERIFIER
																			<input type="checkbox"/> RENTAL			
9												N	N	N	N	N			N			VERIFIER
																			<input type="checkbox"/> RENTAL			
10												N	N	N	N	N			N			VERIFIER
																			<input type="checkbox"/> RENTAL			
11												N	N	N	N	N			N			VERIFIER
																			<input type="checkbox"/> RENTAL			
12												N	N	N	N	N			N			VERIFIER
																			<input type="checkbox"/> RENTAL			
13												N	N	N	N	N			N			VERIFIER
																			<input type="checkbox"/> RENTAL			
14												N	N	N	N	N			N			VERIFIER
																			<input type="checkbox"/> RENTAL			

RESPONSIBILITY OF APPROVER: PLEASE COMPLETE ALL REQUESTS BELOW				↑VERIFY TOTAL HRS		↑VERIFY TOTAL HRS		VERIFICATION OF PTS DATA		APPROVER SIGNATURE TO VERIFY FORM IS COMPLETED			
STEP 1-PRINT APPROVER NAME		STEP 2-DID THE FORM VERIFIER REVIEW THIS FORM FOR COMPLETION?		STEP 3-TOTAL HRS		THESE TWO TOTALS SHOULD MATCH		STEP 4-PHASE HRS		STEP 5 - DOES THE PTS COVER:		STEP 6-APPROVER SIGNATURE	
Jordan Hankey		IF "N", YOU MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES INCLUDING TOP SECTION OF FORM		39		↔		39		<input type="checkbox"/> WHO <input type="checkbox"/> WHERE <input type="checkbox"/> WHEN		<i>Jordan Hankey</i>	
										WORK DESC: <input type="checkbox"/> WHAT <input type="checkbox"/> WHERE <input type="checkbox"/> WHY <input type="checkbox"/> HOW			

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

Arrived on site & met with engineer. We did a walkthrough of the affected areas 5 units affected in total unit 502,503,515,415 and gym area. Before starting work we got a work authorization signed. Updates for the units in 1401

Unit 514

The water was coming from the electrical room it affected the wall in the back towards the electrical room so we removed the baseboard and he wiped it down with microban and set up a dehumidifier and air mover

5th floor electrical room

The floor was all wet and trying into ice so we had to crush some of the ice and then we mopped up the whole floor

4th floor exercise room

We wiped down the water puddles and what was effected on the ceiling of the door entrance and then we set up a dehumidifier and a air mover to dry of fthe ceiling

Unit 415

We entered to check what was effected by the water and the only effected area was in the mbr behind the bed so we removed the baseboard and wiped it down and dried it up with some rags and then we set up a dehumidifier

FORM VERIFIER-PLEASE CHECK BOX AND ENTER QUANTITY FOR A E& PAGES I CLUDED WITH THIS SHEET ☐ NONE ☐ OF PAGE ☐ # OF PAGE 5 ☐ RECIEPT TRACKING FORMS ☐