

PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)



PTS DOC# ELECTRONIC	FORM VERIFIER LINE # 1		INITIALS Am	JOB NUMBER-COMPLETE	
	START DATE		START DAY	101108176	
	1/25/24		Thursday	JOB NAME	
	STOP DATE		END DAY	Golden Gate Funeral Home	
	1/25/24		Thursday	JOB ADDRESS	
CREW SHEET# LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE				2036 W 79TH ST CHICA GOIL	
OME - 12524 - 994				SAFETY TOPIC PPE	TOOL BOX TRAINING COMPLETED? <input type="checkbox"/> <input type="checkbox"/>
LOSS CAUSE		CODE	LOCATION		WEATHER
<input type="checkbox"/> FIRE		L00	Job site		<input type="checkbox"/> HUMID
<input type="checkbox"/> WATER/FLOOD		L01			<input type="checkbox"/> TEMP 40
<input type="checkbox"/> WIND		L02			<input type="checkbox"/> SNOW
<input type="checkbox"/> MOLD		L03			<input type="checkbox"/> RAIN
<input type="checkbox"/> EARTHQUAKE		L04			<input type="checkbox"/> WINDY
<input type="checkbox"/>		L05			<input type="checkbox"/>
<input type="checkbox"/>		L06			<input type="checkbox"/>
JOB STATUS		New <input type="checkbox"/> RETURN			
Ongoing <input type="checkbox"/>		Date - <input type="text"/>			
Comp <input type="checkbox"/>		Time - <input type="text"/>			
Hold <input type="checkbox"/>		(explain why in description)			
Other <input type="text"/>					
Contact: <input type="text"/>					
Lockbox / Other Code: <input type="text"/>					
CODE		VEHICLE NAME (TABLE)			
529		PICKUP, SUV OR CAR			
530		VAN, PASSENGER/CARGO			
518		TRUCK-MOVING/BOX/BOARD UP			
523		TRUCK, 3/4 TON PICKUP			
527		TRUCK, 1 TON 4X4 W/LIFTGATE			
453		TRUCK, EXTRACTION			
N/A		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	PPE	PRP - FIT TEST	PPP - 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									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													HOTEL NAME CODE	HOTEL ROOM #	
					STOP TIME																BY OTHER
		PRINT FIRST <u>THEN</u> LAST NAME		START TIME	STOP TIME	STOP TIME															
1	1011	1786035	Alex morales		700	1200	1730	10.00	L00	WTR	10.00	N	N	N	N	N	N/A	N/A	N	530	VERIFIER
						1230													<input type="checkbox"/> RENTAL	Am	
2	1011	1907902	Dylan archer		700	1200	1730	10.00	L00	WTR	10.00	N	N	N	N	N	N/A	N/A	N	N/A	VERIFIER
						1230													<input type="checkbox"/> RENTAL	Am	
3	1011	1793109	Brian nork		700	1200	1700	9.50	L00	WTR	9.50	N	N	N	N	N	N/A	N/A	N	530	VERIFIER
						1230													<input type="checkbox"/> RENTAL	Am	
4	1011	707	Luis David Golding		1100	0	1600	5.00	L00	WTR	5.00	N	N	N	N	N	N/A	N/A	N	N/A	VERIFIER
						0													<input type="checkbox"/> RENTAL		
5	1011	707	Je su s Golding		1100	0	1600	5.00	L00	WTR	5.00	N	N	N	N	N	N/A	N/A	N	N/A	VERIFIER
						0													<input type="checkbox"/> RENTAL		
6	1011	707	Je su s Alberto Golding		1100	0	1600	5.00	L00	WTR	5.00	N	N	N	N	N	N/A	N/A	N	N/A	VERIFIER
						0													<input type="checkbox"/> RENTAL		
7	1011	707	Jo se Francisco lugo		1100	0	1600	5.00	L00	WTR	5.00	N	N	N	N	N	N/A	N/A	N	N/A	VERIFIER
						0													<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? <input type="checkbox"/> <input type="checkbox"/>				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				49.5		↔		49.5		<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 crystal. We started on the second floor where the kitchen & bathroom were affected. We did moisture readings & did a moisture map as well. We completed demo in the bathroom & kitchen we hepa vacuum the cavities & treated with anti microbial. Once we finished all work on the second floor. We started on the 1st floor the first floor was heavily affected a ceiling in the hallway & cassette room collapsed. We did moisture readings & a moisture map as well. We called Jeff to confirm we got the ok to do flood cuts on affected walls. Once we got confirmation we began preparing the area for demo. We had to be out of the building early, so we finished prepping for demo & cleaned the area. We can begin demolition on the first floor first thing in the morning we will need to buy plaster blades as well.

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