

PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)



PTS DOC # ELECTRONIC	FORM VERIFIER LINE # 1		INITIALS JH	JOB NUMBER-COMPLETE		LOSS CAUSE		CODE	LOCATION	WEATHER		JOB STATUS		CODE VEHICLE NAME (TABLE)	
	START DATE		START DAY	101108156		<input type="checkbox"/> FIRE		L00	Travel	<input type="checkbox"/> HUMID		New <input type="checkbox"/>	RETURN		529 PICKUP, SUV OR CAR
	1/18/24		Thursday			<input type="checkbox"/> WATER/FLOOD		L01	Onsite	<input type="checkbox"/> TEMP 0		Ongoing <input type="checkbox"/>	Date -		530 VAN, PASSENGER/CARGO
	STOP DATE		END DAY	JOB NAME		<input type="checkbox"/> WIND		L02		<input type="checkbox"/> SNOW		Comp <input type="checkbox"/>	Time -		518 TRUCK-MOVING/BOX/BOARD UP
	1/18/24		Thursday	Asce nd		<input type="checkbox"/> MOLD		L03		<input type="checkbox"/> RAIN		Hold <input type="checkbox"/>	(explain why in description)		523 TRUCK, 3/4 TON PICKUP
CREW SHEET# LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE				JOB ADDRESS		<input type="checkbox"/> EARTHQUAKE		L04		<input type="checkbox"/> WINDY		Other		527 TRUCK, 1 TON 4X4 W/LIFTGATE	
				100 LakesideDr Unit 1618 St Charles IL		<input type="checkbox"/> Hazma t		L05		<input type="checkbox"/>		Contact:		453 TRUCK, EXTRACTION	
END - 11824 - 176				SAFETY TOPIC PPE		<input type="checkbox"/>		L06		<input type="checkbox"/>		Lockbox / Other Code:		N/A NO VEHICLE	
				TOOL BOX TRAINING COMPLETED? <input type="checkbox"/> <input type="checkbox"/>										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	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	STOP TIME																
PRINT FIRST <u>THEN</u> LAST NAME				START TIME	STOP TIME	STOP TIME													SIGNATURE-END OF SHIFT			
1	1011	1632176	Jordan Hankey		1115	1200	2215	10.50	L00	TVL	5.75	N	N	N	N	N	Na	Na	N	530		VERIFIER
						1230			L01	HAZ	4.75									<input type="checkbox"/> RENTAL		JH
2	1011	707	Se bastian florez		1115	1200	1900	7.25	L00	DMO	7.25	N	N	N	N	N	Na	Na	N	N/A		VERIFIER
						1230														<input type="checkbox"/> RENTAL		JH
3	1011	707	Roberto vazquez		1115	1200	1900	7.25	L00	DMO	7.25	N	N	N	N	N	Na	Na	N	N/A		VERIFIER
						1230														<input type="checkbox"/> RENTAL		JH
4												N	N	N	N	N			N			VERIFIER
																				<input type="checkbox"/> RENTAL		
5												N	N	N	N	N			N			VERIFIER
																				<input type="checkbox"/> RENTAL		
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? <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				25		↔		25		<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																

Met with labor. Loaded truck with supplies. Left to job. Arrived at job and acquired keys to unit from clubhouse . Put on PPE and gathered needed supplies. Entered unit and began constructing boxes for waste. We continued picking up garbage in unit from where we left off. Once completed with garbage, we moved large furniture and removed carpet the was underneath and disposed of it in boxes. We then cleared out the contents in the refrigerator and disposed of it in boxes. We cleaned out the bathtub and wiped up some spots on the walls. We moved all of the waste generated to the truck. We are waiting on approval from management to begin removing contents that are holding the sme ll from the unit and disposing of them. Equipment was left running in the unit and the keys were returned to the office where I updated the manager on the progress of the job. Returned to shop and unloaded all of the waste and cleaned and disinfected the truck use d to move the waste. I also disinfected all equipment that has been returned from the job.

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 ☐