

PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)



PTS DOC # - ELECTRONIC	FORM VERIFIER LINE # 1		INITIALS CE	JOB NUMBER-COMPLETE		LOSS CAUSE		CODE	LOCATION	WEATHER		JOB STATUS		CODE VEHICLE NAME (TABLE)												
	START DATE		START DAY		101107046		<input type="checkbox"/> FIRE L00 Site		<input type="checkbox"/> HUMID		New <input type="checkbox"/> RETURN		529 PICKUP, SUV OR CAR													
	11/8/21		Monday																							
	STOP DATE		END DAY		JOB NAME		<input type="checkbox"/> WATER/FLOOD L01		<input type="checkbox"/> TEMP 42		Ongoing <input type="checkbox"/> Date -		530 VAN, PASSENGER/CARGO													
	11/8/21		Monday		Springs At Weber		<input type="checkbox"/> WIND L02		<input type="checkbox"/> SNOW		Comp <input type="checkbox"/> Time -		518 TRUCK-MOVING/BOX/BOARD UP													
CREW SHEET# LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE					JOB ADDRESS		<input type="checkbox"/> MOLD L03		<input type="checkbox"/> RAIN		Hold <input type="checkbox"/> (explain why in description)		523 TRUCK, 3/4 TON PICKUP													
BER - 110821 - 8					700 S WeberRd, RomeovilleIL		<input type="checkbox"/> EARTHQUAKE L04		<input type="checkbox"/> WINDY		Other		527 TRUCK, 1 TON 4X4 W/LIFTGATE													
					SAFETY TOPIC PPE		TOOL BOX TRAINING COMPLETED? <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Contact:		453 TRUCK, EXTRACTION											
OFFICE		ID#		PERSONNEL NAME		RATE CLASS	24 HOUR CLOCK			TOTAL HOURS		LOCATION CODE	PHASE CODE	HOURS BY PHASE	SMALL TOOLS	PPE	PRP - FIT TEST	PEP - 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		SIGNATURE-END OF SHIFT	
				PRINT FIRST <u>THEN</u> LAST NAME			START TIME	START TIME	STOP TIME	BY OTHER																
1		1011		1519008			700	0	930	2.50	L00	JBC	2.50	N	N	N	N	N	N/a	N/a	N	530	<input type="checkbox"/> RENTAL		VERIFIER	
2		1011		707			700	0	930	2.50	L00	JBC	2.50	N	N	N	N	N	N/a	N/a	N	N/A	<input type="checkbox"/> RENTAL		VERIFIER	
3														N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER		
4														N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER		
5														N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER		
6														N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER		
7														N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER		
8														N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER		
9														N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER		
10														N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER		
11														N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER		
12														N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER		
13														N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER		
14														N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER		
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						5		↔		5		<input type="checkbox"/> WHO <input type="checkbox"/> WHERE <input type="checkbox"/> WHEN WORK DESC: <input type="checkbox"/> WHAT <input type="checkbox"/> WHERE <input type="checkbox"/> WHY <input type="checkbox"/> HOW				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 Marty																										
We do not have green light to start any demo in units 809 & 810 yet																										
Checked both units to check moisture levels as well as make sure all the equipment was properly running, re arranged some of the equipment																										
Most areas are dry, besides the heavily affected areas which are still reading wet																										
Both units are at 90 degrees without the heat on. Equipment is working																										
Contents are being removed from each unit																										

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 ☐