PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)

BELFOR PROPERTY RESTORATION

PTS DOC # _ELECTRONIC_				

FORM VERIFIER LINE #	1	INITIALS	MM

JOB NUMBER-COMPLETE: 101 108171

START DATE	START DAY
1/18/24	Thursday

STOP DATE	END DAY
1/18/24	Thursday

JOB NAME: AON

JOB ADDRESS: 200 E Randolph St / Chicago IL

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

AON - 11824 - 985

SAFETY TOPIC: Ceiling cave in's

TOOL BOX TRAINING COMPLETED? ☐ ☐

LOSS CAUSE / CODE
	CODE
☐ FIRE	L00
☐ WATER/FLOOD	L01
☐ WIND	L02
☐ MOLD	L03
☐ EARTHQUAKE	L04
☐	L05
☐	L06

LOCATION: Site

WEATHER
☐ HUMID	
☐ TEMP	10
☐ SNOW	
☐ RAIN	
☐ WINDY	
☐	
☐	

JOB STATUS
New ☐	RETURN
Ongoing ☐	Date - Tbd
Comp ☐	Time -
Hold ☐ (explain why in description)	
Other ☐	
Contact:	
Lockbox / Other Code:	

CODE / VEHICLE NAME (TABLE)
CODE	VEHICLE NAME
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 (PRINT FIRST THEN LAST NAME)	RATE CLASS	START TIME	LUNCH START/STOP TIME	STOP TIME	TOTAL HOURS (BY PERSON)	(BY OTHER)	LOCATION CODE	PHASE CODE	HOURS BY PHASE	SMALL TOOLS	PPE	PRP-FIT TEST	PFP-HARNESS	PER DIEM	HOTEL NAME CODE	HOTEL ROOM #	SHARE ROOM	VEHICLE CODE	RENTAL	SIGNATURE-END OF SHIFT / VERIFIER
1 / 1011	1715985	Maurilio Muñoz Jr		1130	1200 / 1230	1700	5.00		L01	EME	5.00	N	N	N	N	N	Na	Na	N	530 ☐		Mm
2 / 1011	707	Liz forero		1130	1200 / 1230	1700	5.00		L01	EME	5.00	N	N	N	N	N	Na	Na	N	N/A ☐		Mm
3 / 1011	707	David Osorio		1130	1200 / 1230	1700	5.00		L01	EME	5.00	N	N	N	N	N	Na	Na	N	N/A ☐		Mm
4 / 1011	707	Oscar Mendez		1130	1200 / 1230	1700	5.00		L01	EME	5.00	N	N	N	N	N	Na	Na	N	N/A ☐		Mm
5 / 1011	707	Cesar ponte		1130	1200 / 1230	1700	5.00		L01	EME	5.00	N	N	N	N	N	Na	Na	N	N/A ☐		Mm
6 / 1011	707	John ponte		1130	1200 / 1230	1700	5.00		L01	EME	5.00	N	N	N	N	N	Na	Na	N	N/A ☐		Mm
7												N	N	N	N	N			N	☐		
8												N	N	N	N	N			N	☐		
9												N	N	N	N	N			N	☐		
10												N	N	N	N	N			N	☐		
11												N	N	N	N	N			N	☐		
12												N	N	N	N	N			N	☐		
13												N	N	N	N	N			N	☐		
14												N	N	N	N	N			N	☐		

RESPONSIBILITY OF APPROVER: PLEASE COMPLETE ALL REQUESTS BELOW

STEP 1-PRINT APPROVER NAME	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	THESE TWO TOTALS SHOULD MATCH	STEP 4-PHASE HRS	STEP 5 - DOES THE PTS COVER:	STEP 6-APPROVER SIGNATURE
Jordan Hankey		30	←→	30	☐WHO ☐WHERE ☐WHEN / WORK DESC: ☐WHAT ☐WHERE ☐WHY ☐HOW	Jordan Hankey

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

Got a call for this emergency. I met with Sean Casey. I had gave Matt a call the guy in charge of building. We were there just to set up equipment that's it. Once he gave me the walk-through, I executed a plan to start setting up equipment. Not only did I set up equipment also set up lay flat to extend Equipment to a further place. Materials used were roll of tape and some lay flat.

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