

PTS DOC #
ELECTRONIC

FORM VERIFIER LINE # 1

INITIALS Jm

JOB NUMBER-COMPLETE

START DATE

1/22/24

START DAY

Monday

STOP DATE

1/22/24

END DAY

Monday

CREW SHEET#

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

RST - 12224 - 399

JOB NAME

La Petite Academy of Elmhurst

JOB ADDRESS

602 N Michigan St
Elmhurst IL

SAFETY TOPIC

Boots

TOOL BOX TRAINING COMPLETED?

☐

☐

LOSS CAUSE

☐ FIRE

☐ WATER/FLOOD

☐ WIND

☐ MOLD

☐ EARTHQUAKE

☐

☐

CODE

L00

L01

L02

L03

L04

L05

L06

LOCATION

Site

WEATHER

☐ HUMID

☐ TEMP 34

☐ SNOW

☐ RAIN

☐ WINDY

☐

☐

JOB STATUS

New ☐

Ongoing ☐

Comp ☐

Hold ☐

Other ☐

Contact:

Lockbox / Other Code:

RETURN

Date -

Time -

(explain why in description)

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	PPF - HARNESS	PER DIEM	SEE GUIDE SHEET		SHARE ROOM	SEE TABLE	PERSONNEL NAME	
		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 THEN LAST NAME		SIGNATURE-END OF SHIFT																			
1	1011	1723399		1645	00	1915	2.50	L00	WTR	2.50	N	N	N	N	N	N/A	N/A	N	518		VERIFIER
2	1011	1907902		1645	00	1915	2.50	L00	WTR	2.50	N	N	N	N	N	N/A	N/A	N	N/A		VERIFIER
3	1011	707		1645	00	1915	2.50	L00	WTR	2.50	N	N	N	N	N	N/A	N/A	N	N/A		VERIFIER
4	1011	707		1645	00	1915	2.50	L00	WTR	2.50	N	N	N	N	N	N/A	N/A	N	N/A		VERIFIER
5											N	N	N	N	N			N			VERIFIER
6											N	N	N	N	N			N			VERIFIER
7											N	N	N	N	N			N			VERIFIER
8											N	N	N	N	N			N			VERIFIER
9											N	N	N	N	N			N			VERIFIER
10											N	N	N	N	N			N			VERIFIER
11											N	N	N	N	N			N			VERIFIER
12											N	N	N	N	N			N			VERIFIER
13											N	N	N	N	N			N			VERIFIER
14											N	N	N	N	N			N			VERIFIER

RESPONSIBILITY OF APPROVER: PLEASE COMPLETE ALL REQUESTS BELOW

STEP 1-PRINT APPROVER NAME

Jordan Hankey

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

10

THESE TWO TOTALS SHOULD MATCH

STEP 4-PHASE HRS

10

STEP 5 - DOES THE PTS COVER:

WHO WHERE WHEN

WORK DESC: WHAT WHERE WHY HOW

APPROVER SIGNATURE TO VERIFY FORM IS COMPLETED

Jordan Hankey

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

Drove to work location. Called to get paperwork forwarded. Arrived at site and called estimator for lock box code. Gained access to building. Took some moisture readings and Took equipment. Updated paperwork. Locked door and returned key to lock box.

FORM VERIFIER-PLEASE CHECK BOX AND ENTER QUANTITY FOR A E& PAGES INCLUDED WITH THIS SHEET

NONE

OF PAGE

OF PAGE 5

RECIEPT TRACKING FORMS

SIMPSON 052317

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