

PTS DOC#  
ELECTRONIC

FORM VERIFIER LINE # 1

INITIALS Mm

JOB NUMBER-COMPLETE

START DATE

1/24/24

START DAY

Wednesday

STOP DATE

1/24/24

END DAY

Wednesday

CREW SHEET#

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

ERA - 12424 - 985

JOB NAME

Nuera

JOB ADDRESS

16280 E TwomblyRd  
RochelleIL

SAFETY TOPIC

Harness test

TOOL BOX TRAINING COMPLETED?

☐

☐

LOSS CAUSE

☐ FIRE

☐ WATER/FLOOD

☐ WIND

☐ MOLD

☐ EARTHQUAKE

☐

☐

CODE

L00

L01

L02

L03

L04

L05

L06

LOCATION

Site

Travel

WEATHER

☐ HUMID

☐ TEMP 32

☐ SNOW

☐ RAIN

☐ WINDY

☐

☐

JOB STATUS

New ☐

Ongoing ☐

Comp ☐

Hold ☐

Other ☐

Contact:

Lockbox / Other Code:

RETURN

Date -

Tbd

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	
		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	STOP TIME		STOP TIME	BY OTHER																	
																						PRINT FIRST THEN LAST NAME	
1	1011	1715	985	Maurilio Muñoz Jr								N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER	
2	1011	707		Braylin lopez		700	1200	1930	12.00	L00	CLN	10.00	N	N	N	N	Na	Na	N	N/A		VERIFIER	
							1230			L01	TVL	2.00								<input type="checkbox"/> RENTAL	Mm		
3	1011	707		Ruben Guerrero		700	1200	1930	12.00	L00	CLN	10.00	N	N	N	N	Na	Na	N	N/A		VERIFIER	
							1230			L01	TVL	2.00								<input type="checkbox"/> RENTAL	Mm		
4	1011	707		Andrés quiroz		700	1200	1930	12.00	L00	CLN	10.00	N	N	N	N	Na	Na	N	N/A		VERIFIER	
							1230			L01	TVL	2.00								<input type="checkbox"/> RENTAL	Mm		
5	1011	707		Egidio quiroz		700	1200	1930	12.00	L00	CLN	10.00	N	N	N	N	Na	Na	N	N/A		VERIFIER	
							1230			L01	TVL	2.00								<input type="checkbox"/> RENTAL	Mm		
6	1011	707		Juan Manuel		700	1200	1930	12.00	L00	CLN	10.00	N	N	N	N	Na	Na	N	N/A		VERIFIER	
							1230			L01	TVL	2.00								<input type="checkbox"/> RENTAL	Mm		
7	1011	707		Erwin Gonzalez		700	1200	1930	12.00	L00	CLN	10.00	N	N	N	N	Na	Na	N	N/A		VERIFIER	
							1230			L01	TVL	2.00								<input type="checkbox"/> RENTAL	Mm		
8	1011	707		Erwin galicio		700	1200	1930	12.00	L00	CLN	10.00	N	N	N	N	Na	Na	N	N/A		VERIFIER	
							1230			L01	TVL	2.00								<input type="checkbox"/> RENTAL	Mm		
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

STEP 1-PRINT APPROVER NAME

Jordan Hankey

STEP 2-DID THE FORM VERIFIER REVIEW THIS FORM FOR COMPLETION?

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IF "N", YOU MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES INCLUDING TOP SECTION OF FORM

STEP 3-TOTAL HRS

84

THESE TWO TOTALS SHOULD MATCH

84

STEP 4-PHASE HRS

84

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

See crew sheet 1

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

SIMPSON 052317

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