

PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)



PTS DOC# - ELECTRONIC	FORM VERIFIER LINE # 1		INITIALS Bn	JOB NUMBER-COMPLETE		LOSS CAUSE		CODE	LOCATION	WEATHER		JOB STATUS		CODE VEHICLE NAME (TABLE)		
	START DATE		START DAY		101108166		FIRE L00 Site		HUMID		New		RETURN		529 PICKUP, SUV OR CAR	
	1/20/24		Sa turday								Ongoing		Date -		530 VAN, PASSENGER/CARGO	
	STOP DATE		END DAY		JOB NAME		WATER/FLOOD L01		TEMP 10		Comp		Time -		518 TRUCK-MOVING/BOX/BOARD UP	
	1/20/24		Sa turday		Thompson, Kathy		WIND L02		SNOW		Hold		(explain why in description)		523 TRUCK, 3/4 TON PICKUP	
CREW SHEET#				446 Lynn Ct		MOLD L03		RAIN		Other				527 TRUCK, 1 TON 4X4 W/LIFTGATE		
LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE				Clarendon Hills IL		EARTHQUAKE L04				WINDY		Contact:		453 TRUCK, EXTRACTION		
THY - 12024 - 109				SAFETY TOPIC		TOOL BOX TRAINING COMPLETED?		L05				Lockbox / Other Code:		N/A NO VEHICLE		
				Steel toe		L06								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					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				PPE	PRP - FIT TEST	PPF - HARNESS	PER DIEM	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	1793109		700	1200	1530	8.00	L00	DMO	8.00	N	N	N	N	N	Na	Na	N	527	VERIFIER	
					1230													<input type="checkbox"/> RENTAL	Bn		
2	1011	1914491		700	1200	1530	8.00	L00	DMO	8.00	N	N	N	N	N	Na	Na	N	N/A	VERIFIER	
					1230													<input type="checkbox"/> RENTAL	Bn		
3	1011	707		700	1200	1530	8.00	L00	DMO	8.00	N	N	N	N	N	Na	Na	N	N/A	VERIFIER	
					1230													<input type="checkbox"/> RENTAL	Bn		
4	1011	707		700	1200	1530	8.00	L00	DMO	8.00	N	N	N	N	N	Na	Na	N	N/A	VERIFIER	
					1230													<input type="checkbox"/> RENTAL	Bn		
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?					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					32		↔		32		WHO WHERE WHEN			Jordan Hankey	
											WORK DESC: WHAT WHERE WHY HOW						

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

Got to the shop loaded up there with the equipment and materials we needed for the day drove to 446 Lynn St., Clarendon Hills, upon arrival spoke to homeowner. Entered the home and did a face time with Ralph came up with game plan. Started covering cabinets with plastic we did the same thing for the island and kitchen table. Started demoing the ceiling upon demoing the ceiling we found insulation, wet and frozen, took down drywall very heavy, due to the wet and frozen insulation. removed all screws from 2 x4's and joist. Then we hepa vac joist and 2x4's and sprayed anti microbial spray on 2x4's and joist and whipped them down. Then we removed all plastic. Hepa vac on top of cabinets, wiped down all cabinets and countertops. We removed all garage and mopped area way out of the home. Load up van and headed back to the shop

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

<input type="checkbox"/> NONE	<input type="checkbox"/> OF PAGE	<input type="checkbox"/> # OF PAGE 5	<input type="checkbox"/> RECEIPT TRACKING FORMS
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