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PERSONNEL TRACKING

CEDVICE TYPE (RESTORATION)



LOD MUMAPER COMPLETE													PROPERTYRESTORATION						
# Z		OVERIFIER LINE # 1 INITIALS Jm JOB NUMBER-COMPLETE							LOSS CAUSE		LOCATION			_	EATHER	Nov	JOB STATUS		DDE VEHICLE NAME (TABLE)
DOC	START DATE				101 108413				FIRE		Jo bsite				HUMID	New	_	RETURN 52	29 PICKUP, SUV OR CAR
	8/30/24	$I \longrightarrow I$						WATER/FLOOD		L01				TEMP 80	Ongoing	Date -		30 VAN, PASSENGER/CARGO	
		Learning Care Group 8/30/24 Friday JOB ADDRESS						WIND		L02			=	SNOW	Comp Time -			18 TRUCK-MOVING/BOX/BOARD UI	
CREW SHEET# JOB ADDRESS 1335 N A rlingt or Heights Rd								☐ MOLI	L03				_	RAIN Hold (explain why in			n description)	TRUCK, 3/4 TON PICKUP	
LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE Itasca IL							EARTHQUAKE L04					WINDY	Other			TRUCK, 1 TON 4X4 W/LIFTGATE			
SAFETY TOPIC TOOL BOX TRAINING						=		L05 L06						Contact:			.53 TRUCK, EXTRACTION I/A NO VEHICLE		
OUP - 83		1024 - 399 $\begin{vmatrix} \text{SAFETY TOPIC} \\ \text{Boot} \end{vmatrix}$		COMPLETED?				-		LUU					Lockbox / Other Code:		FOR	R RENTAL CARS:	
		PERSONNEL				24 HOUR CLO		TOTAL HOURS	Z		HOURS		Т		SEE GUID		SEE TABLE	I I I I I	IN VEHICLE CODE AND CHECK BOX PERSONNEL NAME
OFFICE	ID#	CLEARLY PRINT YOUR NAME HELPS ENSU	Y PRINT YOUR NAME HELPS ENSURE THE CORRECT PERSON IS BEING HOURS WORKED. AN ILLEGIBLE NAME MAY RESULT IN UNTIMELY OR		67	START TIME	24 HOUR	CONFIRM HOURS	0	PHASE	HOURS BY	TOOLS	TEST	NESS	HOTEL	HOTEL ON VEH	VEHICLE	YOUR SIGNATURE R	EPRESENTS THE APPROVAL TO PAY YOUR
		NO PA		CLASS	START TIME	STOP TIME	STOP TIME	BY PERSON BY OTHER	7 7 7 7 7 7	CODE	PHASE	[P - FIT	P - HARNE R DIEM	NAME CODE	ROOM #	HA CODE	IN	N UNTIMELY OR NO PAY
1		PRINT FIRST <u>THEI</u>	<u>N</u> LAST NAME						L00	WTR	4.00	SMA	PRP	PFP PER		"	S 518	SIGNA	ATURE-END OF SHIFT VERIFIE
1011	1723399	John meek			1600	0	2000	4.00	LUU	WIK	4.00	N	N	N N	N/A	N/A	N RENTAL		Jm
2	1818550	It Ctracoral			1600	0	2000	4.00	L00	WTR	4.00	N N	N N	N N	NI/A	N/A	520		VERIFIE
1011	1010330	Jt Stryszyk			1000	0	2000 4.00 L00 WIR		*******		.,	`		IN/A	IN/A	I THEN THE	. Jm Verifiei		
1011	707	Antonio Lopez			1600	0	1915	3.25	L00	WTR	3.25	N	N N	N N	N/A	N/A	N N/A RENTAL		Jm
4		1				0		3.25	L00	WTR	3.25				N 1 / A	21/2	NI/A		VERIFIE
1011	707	Jo se L	opez		1600	0	1915	0.120				NI	N N	N N	N/A	N/A	N RENTAL		Jm
5	707	Esp eranz	a osorio		1600	0	1915	3.25	L00	WTR	3.25	N I	N N	N N	N/A	N/A	N/A		VERIFIE
1011						0			L00	WTR		+	+				NI/A		Jm Verifie
1011	707	Ruben G	uerrero		1600	0	1915	3.25	LUU	WIK	3.25	N N	N N	N N	N/A	N/A	N RENTAL		Jm
7	707	Androson	istica bal		1600	0	1915	3.25	L00	WTR	3.25	N N	J N	N N	NI/A	N/A	NI/A		VERIFIE
1011	707	Andres ar	ISUIZA DA I		1600	0	1913					·\		IV IV	IN/A	IN/A	RENTAL		Jm
8												N	N N	N N			N RENTAL		VERIFIE
9																	RENTAL		VERIFIE
												N	N N	N N			N RENTAL		
10												N N	N N	N N			N		VERIFIE
11												+	+				RENTAL		VERIFIE
							1					N	N	N N			N RENTAL		
12												N N	J N	N N			N		VERIFIE
												IN I	1	IN IN			RENTAL		
13												N	N N	N N			N RENTAL		VERIFIE
14												+					RENTAL		VERIFIE
												N	N N	N N			N RENTAL		
		PLEASE COMPLETE ALL REQUESTS BELOW	HE CODM VEDICIED DEVIEW I	THIS EODNA	COR COMPLET	IONI2 T	_	TVERIFY TOTAL HR		O TOTALS	TVERIFY TOTAL HRS OTALS STEP 4-PHASE HRS					ION OF PTS DAT			NATURE TO VERIFY FORM IS COMPLETED P 6-APPROVER SIGNATURE
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									STEP 3-TOTAL HRS THESE TWO TO			MATCH DATE		WHO	STEP 5 - DOES THE PTS COVER: WHO WHERE WHEN				,
	Jordan Hai	J INCESSING	OP SECTION OF FORM	CCDIDE W	LIAT MODIZ TI	IF CDEW DEDE	CORMED	24.25	\leftarrow	\longrightarrow	24.2	(5	WOR	K DESC:	WHAT	WHERE	MHY HOW		rdan Hankey
		ON LOCATION(S) WORKED AND							•	1 0					4 4				
		for. Met with he	*	_		-	-				·								
over	sco pe of	work. Site cont	tact asked tha	t we	clean p	oillars ii	n the h	all as w	ell as	the	floor ii	n th	e c	lass	ro om	and	wipe do	wn in bet	ween on the
wind	ow and d	loor sills. Unload	ded truck of e	quipr	ne nt ai	nd mate	erials.	Brough	t all ir	side	to be	gin	cle	anir	ng all	a ffe c	ted area	s. Began	with hallway by
window and door sills. Unloaded truck of equipment and materials. Brought all inside to begin cleaning all affected areas. Began with hallway by wiping down pillars and window sills as well as top of door cases and surfaces. Moved to kitchen area where we wiped down all cabinets and																			
fixtures before cleaning and mopping floor. Mopped down hallway. Cleaned classro oms shelves as well as toys and items on shelves. Back mopped before leaving. Uploaded photos. Drove back to Belfor. Unalloyed truck. Did paperwork													TIVES. Dack						
mop	pea beioi	re leaving. Uplo	adea photos.	prov	e back	to Rel	ior. Un	апоуеа	ıruck	. D1a	pape	rwo	rK						
FORM VE	ERIFIER-PLEASE	CHECK BOX AND ENTER QU	ANTITY FOR A E& PA	GES I CL	UDED WITH	THIS SHEET		NONE		OF PA	GE			# OF P	AGE 5		RECIEPT	TRACKING FOR	tMS

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