

PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)



PTS DOC#
ELECTRONIC

FORM VERIFIER LINE # 1
INITIALS Jt
START DATE 1/22/24
STOP DATE 1/22/24
START DAY Monday
END DAY Monday
CREW SHEET#
LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE
TER - 12224 - 550

JOB NUMBER-COMPLETE
101108164
JOB NAME
Ascension Mercy Medical Center
JOB ADDRESS
1330 N LA KEST
A URRORAIL
SAFETY TOPIC
PPE
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 0
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					SEE GUIDE SHEET		SHARE ROOM	SEE TABLE		PERSONNEL NAME	
		START TIME	STOP TIME		CONFIRM HOURS BY PERSON	PPE	PRP - FIT TEST	PRP - 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							
																	24 HOUR	LUNCH		24 HOUR	BY OTHER		
																						START TIME	STOP TIME
1	1011	1818550	Jt stryszyk		715	1100 1130	1130	3.75	L00	WTR	3.75	N	N	N	N	N	N/A	N/A	N	530		VERIFIER Jt	
2	1011	707	Se bastian flores		715	1100 1130	1130	3.75	L00	WTR	3.75	N	N	N	N	N	N/A	N/A	N	N/A		VERIFIER Jt	
3												N	N	N	N	N			N		VERIFIER		
4												N	N	N	N	N			N		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
7.5

THESE TWO TOTALS SHOULD MATCH

STEP 4-PHASE HRS
7.5

STEP 5 - DOES THE PTS COVER:
WHO WHERE WHEN
WORK DESC: WHAT WHERE WHY HOW

STEP 6-APPROVER SIGNATURE
Jordan Hankey

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

We got to the shop and loaded the van for the day. When we got to the job site I took moisture readings and had Se bastian start wrapping up equipment where areas were dry. Everything was dry so I took dry proof pictures, and finished the moisture map. Then we put all of the equipment in the van. I then got the certifica te of completion signed and left. We then dropped off the equipment at the lisle office .

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

NONE

OF PAGE

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RECIEPT TRACKING FORMS

SIMPSON 052317

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