

PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)



PTS DOC # _ELECTRONIC	FORM VERIFIER LINE # 1		INITIALS CE	JOB NUMBER-COMPLETE		LOSS CAUSE		CODE	LOCATION	WEATHER		JOB STATUS		CODE VEHICLE NAME (TABLE)										
	START DATE		START DAY	101107046		<input type="checkbox"/> FIRE		L00	Site	<input type="checkbox"/> HUMID		New <input type="checkbox"/>	RETURN		529 PICKUP, SUV OR CAR									
	11/8/21		Monday			<input type="checkbox"/> WATER/FLOOD		L01		<input type="checkbox"/> TEMP 42		Ongoing <input type="checkbox"/>				Date -								
	STOP DATE		END DAY	JOB NAME		<input type="checkbox"/> WIND		L02		<input type="checkbox"/> SNOW		Comp <input type="checkbox"/>	Time -	518 TRUCK-MOVING/BOX/BOARD UP										
	11/8/21		Monday	Springs At Weber		<input type="checkbox"/> MOLD		L03		<input type="checkbox"/> RAIN		Hold <input type="checkbox"/>	(explain why in description)											
CREW SHEET# LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE				JOB ADDRESS		<input type="checkbox"/> EARTHQUAKE		L04		<input type="checkbox"/> WINDY		Other		523 TRUCK, 3/4 TON PICKUP										
BER - 110821 - 8				700 S WeberRd, RomeovilleIL		<input type="checkbox"/>		L05		<input type="checkbox"/>		Contact:			527 TRUCK, 1 TON 4X4 W/LIFTGATE									
				SAFETY TOPIC PPE		TOOL BOX TRAINING COMPLETED? <input type="checkbox"/> <input type="checkbox"/>		L06		<input type="checkbox"/>		Lockbox / Other Code:		453 TRUCK, EXTRACTION										
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		
			PRINT FIRST <u>THEN</u> LAST NAME			START TIME	START TIME STOP TIME	STOP TIME	BY OTHER													SIGNATURE-END OF SHIFT		
1	1011	1519008	Caleb Edwards			700	0 0	930	2.50	L00	JBC	2.50	N	N	N	N	N	N/a	N/a	N	530	<input type="checkbox"/> RENTAL	VERIFIER CE	
2	1011	707	Pe dro Forrero			700	0 0	930	2.50	L00	JBC	2.50	N	N	N	N	N	N/a	N/a	N	N/A	<input type="checkbox"/> RENTAL	VERIFIER CE	
3													N	N	N	N	N			N	<input type="checkbox"/> RENTAL	VERIFIER		
4													N	N	N	N	N			N	<input type="checkbox"/> RENTAL	VERIFIER		
5													N	N	N	N	N			N	<input type="checkbox"/> RENTAL	VERIFIER		
6													N	N	N	N	N			N	<input type="checkbox"/> RENTAL	VERIFIER		
7													N	N	N	N	N			N	<input type="checkbox"/> RENTAL	VERIFIER		
8													N	N	N	N	N			N	<input type="checkbox"/> RENTAL	VERIFIER		
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									↑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? <input type="checkbox"/> <input type="checkbox"/>						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						5		↔		5		<input type="checkbox"/> WHO <input type="checkbox"/> WHERE <input type="checkbox"/> WHEN WORK DESC: <input type="checkbox"/> WHAT <input type="checkbox"/> WHERE <input type="checkbox"/> WHY <input type="checkbox"/> HOW				Jordan Hankey					
WORK DESCRIPTION: BASED ON LOCATION(S) WORKED AND PHASE CODE(S), PLEASE DESCRIBE WHAT WORK THE CREW PERFORMED																								
Arrived on site, met with Marty																								
We do not have green light to start any demo in units 809 & 810 yet																								
Checked both units to check moisture levels as well as make sure all the equipment was properly running, re arranged some of the equipment																								
Most areas are dry, besides the heavily affected areas which are still reading wet																								
Both units are at 90 degrees without the heat on. Equipment is working																								
Contents are being removed from each unit																								

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 ☐