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PERSONNEL TRACKING

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SERVICE TYPE (RESTORATION)



							DERVICE	ITPL (NLS	IONAI	ION											PROF	PERTERNIO	PRATIUM
<u> </u>	FORM VERIFIER LI	ine# 1 initials Jt	JOB NUMBER-COMPLETE	10 110	0.400			LOSS CAUSE FIRE		CODE	LOCATION				WEAT	THER	JOB STATUS				CODE 1	VEHICLE NAMI	E (TABLE)
DOC #	START DATE	START DAY		10110	8496					L00	Site				HUN	MID	New			RETURN 529 PICKUP, SUV OR CAR			CAR
	9/4/24	Tuesday END DAY JOB NAME Trader Joe's						WATER/FLOOD		L01					TEM	ИР 77 (Ongoin	g	Date -		530 \	VAN, PASSENGER	R/CARGO
PTS ELEC	STOP DATE	END DAY				WIND		L02				_ [SNC	ow	Comp Time -				518 ⁻	TRUCK-MOVING/	BOX/BOARD UP		
	9/4/24	Tuesday	JOB ADDRESS					Т моц	D	L03					RAII						523	TRUCK, 3/4 TON	PICKUP
CREW SHEET# 1211 Chicago A ve							EARTHQUAKE		L04					WIN		Hole	d	(explain why in	description)	527	TRUCK, 1 TON 4X	(4 W/LIFTGATE	
LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE Evanston IL								Ħ		L05				- i	\exists		Othe	r				TRUCK, EXTRACT	
OEC OOA2A 550 SAFETY TOPIC						TOOL BOX TRA	OL BOX TRAINING		<u> </u>						$\dashv-$		Contac	₊⊨					1014
OE	5 - 90	0424 - 550	PPE		COMPLETED?		⊔		L06				_	_		Lockbox / Other Code			N/A NO VEHICLE FOR RENTAL CARS:				
		PERSONNE				24 HOUR CLOC	CK						\top	_		SEE GUIDE		X / C	SEE TABLE	<u> </u>		HICLE CODE AND NNEL NAME	CHECK BOX
OFFICE	ID#		UR NAME HELPS ENSURE THE CORRECT PERSON IS BEING		24 HOUR	LUNCH	24 HOUR	TOTAL HOURS CONFIRM HOURS	0	PHASE	HOURS	OLS	TEST	SS			HOTEL	NOON		YOUR SIGNA		ENTS THE APPROVAL	L TO PAY YOUR
		PAID FOR HOURS WORKED. AN ILLEGIBLE		RATE CLASS	START	START TIME	STOP	BY PERSON	CAT	CODE	ן טו		발	HARNE	5	NAME	ROOM		VEHICLE	DOCUMENTED H		D. A LACK OF SIGNA MELY OR NO PAY	TURE MAY RESULT
		PRINT FIRST <u>THEN</u> LAST NAME		-	TIME	STOP TIME	TIME	BY OTHER	9		PHASE	SMAL	PRP.	PFP -	PER [CODE	#	SHA	CODE	SI		E-END OF SH	IIFT
1	1010550				700	1200	1500	7.50	L00	MDR	7.50					NI/A	NI/A	N	530		<u> </u>	2 2110 01 01	VERIFIER
1011	1818550	Jt stry	SZYK		700	1230	1500					N N	I IN	IN	''	N/A	N/A		RENTAL				Jt
1011	707	Jhonatan	Ortega		700	1200	1500	7.50	L00	MDR	7.50	N N	N N	N	N I	N/A	N/A	N-	N/A				VERIFIER
1011	707	JII OII a ta II	Onega		700	1230	1300					_	+	\sqcup	\vdash	1 11/7	14//7	Ш	RENTAL				Jt VERIFIEF
3												N	N N	N	N			N	Посмен				VERIFIER
4												+	+	+				Н	RENTAL				VERIFIER
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14																			_				VERIFIER
												N N	N N	IN	IN			IN	RENTAL				
		PLEASE COMPLETE ALL REQUESTS BELOW		THE FORM	OD COMPLET	ION2 ¬	_	TVERIFY TOTAL HRS	THESE TWO	VERIFY TOTAL HRS				C7	VERIFICATIO			ı	APPROVER SIGNATURE TO VERIFY FORM IS COMPLETED STEP 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	SHOULD		STEP 4-PHASE HRS			Пν		TEP 5 - DOES			WHEN				
Jordan Hankey INCLUDING TOP SECTION OF FORM									\leftarrow	\longrightarrow	15	15 wor		RK DES	c: WH		where why how			(Jorda	en Hanke	ry
WORK DES	CRIPTION: BASED	ON LOCATION(S) WORKED AN	D PHASE CODE(S), PLEASE D	ESCRIBE W	HAT WORK T	HE CREW PERF	ORMED														<u>/</u>		
We go	ot to the sh	op and loaded the	e van for the day	y. We t	hen dro	ve to the	e job site	e. Upon a	arrival	we sp	oke wi	th tl	he	ma	nage	er, sig	gned	in,	and the	n he sh	owed	us the a	area
_		. We got started by	•				•	-		_					_	_							
	•	•	•				•																
of the dividing wall to check if it had any growth but it was clean. We then took off the base board that backed up to the freezer cleaned it off and set it to the side. We then cut the plywood to see behind there and we cut out everything than had growth on it. There was another layer of base board and there was wood framing that the																							
	whole freezer was sitting on we hepa vacuumed all of the areas and then wiped down and sanitized everything in the area. We found ice attached to the framing the																						
		on we won't be a	-				_				•	•	_									_	
	_	ok down the conta	-			_														псстег	sw Ca	mig uno	ugn me
wall.	we men 10	ok down the colla	ammem. We let		mageri	MOW WE				- CKC	u out a	nu '	_	_		_		υþ.					
FORM VE	RIFIER-PLEASE	CHECK BOX AND ENTER QU	JANTITY FOR A E& PA	GES I CL	UDED WITH	I THIS SHEET		NONE		OF PAG	GE			# O	F PAG	iE 5			RECIEPT	TRACKING	FORMS		

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