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PERSONNEL TRACKING

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SEDVICE TYPE (DESTORATION)



							SERVICE	TYPE (RES	TUKAT	ION)											PROF	CHTYREST	RATION
# =	FORM VERIFIER LI	ine# 1 initials Jt	JOB NUMBER-COMPLETE	1011	08185			LOSS CAUSE		CODE	LOCATION				WEAT	HER			JOB STATUS		CODE \	/EHICLE NAM	(TABLE)
	START DATE	START DAY				FIRE		L00 Site				_ [HUN	ИID	New RETUR				529 F	PICKUP, SUV OR	CAR		
	1/24/24	We dne sd a y JOB NAME						WATER/FLOOD		L01				_ [TEM	P 40	Ongoin	g	Date -		530 \	/AN, PASSENGEF	C/CARGO
, a O	STOP DATE	END DAY	Garvey, Micha	Garvey, Michael & Tina)	L02				_ [SNO	w	Comi	n \square	Time -		518 T	RUCK-MOVING/	BOX/BOARD UP
<u> </u>	1/24/24	Wednesday	JOB ADDRESS			MOLD		L03				_ [RAIN	ı	' '				523 TRUCK 3/4 TON PICKUP				
CREW SHEET# 660 PlumtreeRd								EART					= WIN		Holo	d	(explain why in	description)	527 1	RUCK, 1 TON 4X	4 W/LIFTGATE		
LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE Glen Ellyn IL								L05			- ¦		-	Othe	r				RUCK, EXTRACT				
INIA 19494 550 SAFETY TOPIC					TOOL BOX TRAINING			<u> </u>					- ¦	╡─		Contac	H					ON	
INA	4 - 12	2424 - 550	PPE			COMPLETED?		Ч_		L06 -				_					Other Code:	$\overline{}$	FOR RENTA	NO VEHICLE AL CARS:	
		PERSONNE				24 HOUR CLOC	CK				1 1		_	_		SEE GUIDE		X / C	SEE TABLE			HICLE CODE AND NNEL NAME	CHECK BOX
OFFICE	ID#	CLEARLY PRINT YOUR NAME HELPS ENSU		RATE CLASS	24 HOUR START	LUNCH	24 HOUR	TOTAL HOURS CONFIRM HOURS	0	PHASE CODE	HOURS	OLS	ISI	SS			HOTEL	00	VEHICLE	YOUR SIGNA ⁻		NTS THE APPROVA	TO PAY YOUR
		PAID FOR HOURS WORKED. AN ILLEGIBLE				START TIME	STOP	BY PERSON			BY	L T0	FIT	HARNE	5		ROOM			DOCUMENTED HO		D. A LACK OF SIGNA IELY OR NO PAY	TURE MAY RESULT
		PRINT FIRST <u>THEN</u> LAST NAME			TIME	STOP TIME	TIME	BY OTHER	O O		PHASE	SMAL	PPE PRP.	PFP -	PER [CODE	#	SHA	CODE	SI		E-END OF SH	IIFT
1	1818550				700	1100 1130	1345	6.25	L00	WTR	6.25					\ 1 / A	N/A	N	530			2 2110 01 01	VERIFIER
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1011 707		In on I	Javid		715	1100	1345	6.00	L00	WTR	6.00	N	N	I N	N	V/A	NI/A	N.	N/A				VERIFIER
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RESPONSIBILITY OF APPROVER: PLEASE COMPLETE ALL REQUESTS BELOW									,	↑VERIFY TOTAL HRS						VERIFICATIO	ON OF PTS DATA			APPROV	APPROVER SIGNATURE TO VERIFY FORM IS COMPLETED		
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										O TOTALS MATCH	STEP 4-PHASE HRS				VHO	EP 5 - DOES W H	ES THE PTS COVER: WHERE WHEN				STEP 6-APP	ROVER SIGNATURE	
	Jordan Hai	nkov	TOP SECTION OF FORM	L UUISIAN	אטוועט וטטטבט			12.25	\leftarrow	\longrightarrow	12.2	25	wo			AT	WHERE		HY HOW		Jorda	n Hanke	4
WORK DES	CRIPTION: BASED	ON LOCATION(S) WORKED AN	D PHASE CODE(S), PLEASE D	ESCRIBE W	HAT WORK T	HE CREW PERF	ORMED													6	<i>f</i>	C	7
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throu	igh the a	affected areas	and we were	tryın	g to co	ome up) with	a game	plan	beca	a use	1t \	wa	s a	ve	ry n	ice I	ho	use ar	id the	owne	ers are	very
parti	cular wit	h certain thing	s. We then se	e t un	drving	e equin	ment	took mo	o ist ur	e rea	adings	s a	nd	l go	ot in	itia l	nict	tui	es. We	e will r	need	to go 1	oack
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FORM VE	RIFIER-PLEASE	CHECK BOX AND ENTER QU	JANTITY FOR A E& PA	GES I CL	.UDED WITH	THIS SHEET	Γ	NONE	П	OF PAG	GE 🔲		Γ] #0	F PAGI	E 5	7		RFCIFPT	TRACKING	FORMS		
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