

PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)



PTS DOC #
ELECTRONIC

FORM VERIFIER LINE # 1
INITIALS CE
START DATE 11/8/21
START DAY Monday
STOP DATE 11/8/21
END DAY Monday

CREW SHEET#
LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE
TES - 110821 - 8

JOB NUMBER-COMPLETE
101107057

JOB NAME
Cortland Estates

JOB ADDRESS
231 McMillan Ct.
CortlandIL

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 50
☐ 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 | 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 PRINT FIRST THEN LAST NAME | | 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 SIGNATURE-END OF SHIFT | |
| | | | | START TIME | START TIME | STOP TIME | BY OTHER | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1011 | 1519008 | | 1030 | 1200 | 1930 | 8.50 | L00 | MDR | 8.50 | N | N | N | N | N | N/a | N/a | N | 530 | VERIFIER | | |
| | | | | | 1230 | | | | | | | | | | | N/a | N/a | <input type="checkbox"/> RENTAL | CE | | | |
| 2 | 1011 | 707 | | 1030 | 1200 | 1930 | 8.50 | L00 | MDR | 8.50 | N | N | N | N | N | N/a | N/a | N | N/A | VERIFIER | | |
| | | | | | 1230 | | | | | | | | | | | N/a | N/a | <input type="checkbox"/> RENTAL | 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

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
17

THESE TWO TOTALS SHOULD MATCH
↔

STEP 4-PHASE HRS
17

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

APPROVER SIGNATURE TO VERIFY FORM IS COMPLETED
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 Tina

Checked the affected exterior plywood in unit 104, plywood is dry. But is severely rotted. Recommend replacement

Removed the equipment from the unit

Sealed as much of the remaining plywood as possible with killz

Found crack on exterior that is letting water in, they are going to seal tomorrow

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

☐ NONE

☐ OF PAGE

☐ # OF PAGE 5

☐ RECIEPT TRACKING FORMS

SIMPSON 052317

PAGE 1