

PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)



PTS DOC #
- ELECTRONIC

FORM VERIFIER LINE # 1
INITIALS CE
START DATE 11/8/21
STOP DATE 11/8/21
START DAY Monday
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
101107056
JOB NAME
Cortland Estates
JOB ADDRESS
240 McMillan Ct Bldg 240
CortlandIL
SAFETY TOPIC
Back Sa fety
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 55
SNOW
RAIN
WINDY
JOB STATUS
New
Ongoing
Comp
Hold
Other
Contact:
Lockbox / Other Code:

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 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	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 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
				24 HOUR	LUNCH	24 HOUR	CONFIRM HOURS BY PERSON									HOTEL NAME CODE	HOTEL ROOM #		VEHICLE CODE	
				START TIME	START TIME	STOP TIME	BY OTHER													
				STOP TIME	STOP TIME	STOP TIME														
1	1011	1519008		930	00	1030	1.00	L00	JBC	1.00	N	N	N	N	N	N/a	N/a	N	530 RENTAL	VERIFIER CE
2	1011	707		930	00	1030	1.00	L00	JBC	1.00	N	N	N	N	N	N/a	N/a	N	N/A RENTAL	VERIFIER CE
3											N	N	N	N	N			N	RENTAL	VERIFIER
4											N	N	N	N	N			N	RENTAL	VERIFIER
5											N	N	N	N	N			N	RENTAL	VERIFIER
6											N	N	N	N	N			N	RENTAL	VERIFIER
7											N	N	N	N	N			N	RENTAL	VERIFIER
8											N	N	N	N	N			N	RENTAL	VERIFIER
9											N	N	N	N	N			N	RENTAL	VERIFIER
10											N	N	N	N	N			N	RENTAL	VERIFIER
11											N	N	N	N	N			N	RENTAL	VERIFIER
12											N	N	N	N	N			N	RENTAL	VERIFIER
13											N	N	N	N	N			N	RENTAL	VERIFIER
14											N	N	N	N	N			N	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
2

THESE TWO TOTALS SHOULD MATCH

STEP 4-PHASE HRS
2

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 property manager Tina

Checked moisture levels in the closet, all walls are dry to standards

Drywall is raised so was not affected by the cat 3 water

Still an odor coming from closet, used MMR on concrete floor and wiped down thoroughly

Removed dehumidifier, mitigation is complete for this job