

PERSONNEL TRACKING  
SERVICE TYPE (RESTORATION)



PTS DOC #  
ELECTRONIC

FORM VERIFIER LINE # 1  
START DATE  
9/4/24  
STOP DATE  
9/4/24

INITIALS Da  
START DAY  
Wednesday  
END DAY  
Wednesday

CREW SHEET#  
LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE  
IEW - 90424 - 902

JOB NUMBER-COMPLETE  
101108460

JOB NAME  
2626 N Lakeview

JOB ADDRESS  
2626 N LakeviewA ve  
Chicago IL

SAFETY TOPIC  
BOOTS

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 71  
☐ 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					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							
				START TIME	START TIME	STOP TIME									BY OTHER						
					STOP TIME	STOP TIME															
		PRINT FIRST <u>THEN</u> LAST NAME		START TIME	STOP TIME	STOP TIME						PPE	PRP - FIT TEST	PPP - HARNESS	PER DIEM						
1	1011	1907902			700	1200	1700	9.50	L00	DMO	9.50	N	N	N	N	N	Na	Na	N	518	VERIFIER
						1230													<input type="checkbox"/> RENTAL	Da	
2	1011	707			700	1200	1700	9.50	L00	DMO	9.50	N	N	N	N	N	Na	Na	N	N/A	VERIFIER
						1230													<input type="checkbox"/> RENTAL	Da	
3	1011	707			700	1200	1700	9.50	L00	DMO	9.50	N	N	N	N	N	Na	Na	N	N/A	VERIFIER
						1230													<input type="checkbox"/> RENTAL	Da	
4												N	N	N	N	N			N		VERIFIER
																			<input type="checkbox"/> RENTAL		
5												N	N	N	N	N			N		VERIFIER
																			<input type="checkbox"/> RENTAL		
6												N	N	N	N	N			N		VERIFIER
																			<input type="checkbox"/> RENTAL		
7												N	N	N	N	N			N		VERIFIER
																			<input type="checkbox"/> RENTAL		
8												N	N	N	N	N			N		VERIFIER
																			<input type="checkbox"/> RENTAL		
9												N	N	N	N	N			N		VERIFIER
																			<input type="checkbox"/> RENTAL		
10												N	N	N	N	N			N		VERIFIER
																			<input type="checkbox"/> RENTAL		
11												N	N	N	N	N			N		VERIFIER
																			<input type="checkbox"/> RENTAL		
12												N	N	N	N	N			N		VERIFIER
																			<input type="checkbox"/> RENTAL		
13												N	N	N	N	N			N		VERIFIER
																			<input type="checkbox"/> RENTAL		
14												N	N	N	N	N			N		VERIFIER
																			<input type="checkbox"/> RENTAL		

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  
28.5

THESE TWO TOTALS SHOULD MATCH

STEP 4-PHASE HRS  
28.5

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

Special Notes  
CAT 3 water loss  
Unless all originally and currently affected building materials are not removed we need a release of liability form  
Current Unit Status  
Units complete (no more work needed)  
Units complete waiting for rebuild to complete demo of other bathroom  
Units waiting for demo  
Units waiting for approval  
Units in question (possibly going with insurance)  
Unit 1301 (Source Unit)  
Not visited today  
No further work is needed  
No equipment in unit  
Unit 1201  
Approved for demo in the guest bathroom  
Prepped for demo  
Turned fan off and staged it in hallway for the duration of the demo  
Removed toilet and staged in the hallway

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