

PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)



PTS DOC# - ELECTRONIC	FORM VERIFIER LINE # 1		INITIALS JH	JOB NUMBER-COMPLETE	
	START DATE		START DAY	101108147	
	1/14/24		Sunday	JOB NAME	
	STOP DATE		END DAY	Haven on Long Grove	
	1/15/24		Monday	JOB ADDRESS	
CREW SHEET# LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE				920 Windemere Ln Aurora IL	
OVE - 11424 - 176				SAFETY TOPIC PPE	
				TOOL BOX TRAINING COMPLETED? <input type="checkbox"/> <input type="checkbox"/>	

LOSS CAUSE	CODE	LOCATION	WEATHER	JOB STATUS	CODE VEHICLE NAME (TABLE)
<input type="checkbox"/> FIRE	L00	Site	<input type="checkbox"/> HUMID	New <input type="checkbox"/> RETURN	529 PICKUP, SUV OR CAR
<input type="checkbox"/> WATER/FLOOD	L01		<input type="checkbox"/> TEMP -13	Ongoing <input type="checkbox"/> Date -	530 VAN, PASSENGER/CARGO
<input type="checkbox"/> WIND	L02		<input type="checkbox"/> SNOW	Comp <input type="checkbox"/> Time -	518 TRUCK-MOVING/BOX/BOARD UP
<input type="checkbox"/> MOLD	L03		<input type="checkbox"/> RAIN	Hold <input type="checkbox"/> (explain why in description)	523 TRUCK, 3/4 TON PICKUP
<input type="checkbox"/> EARTHQUAKE	L04		<input type="checkbox"/> WINDY	Other	527 TRUCK, 1 TON 4X4 W/LIFTGATE
<input type="checkbox"/>	L05		<input type="checkbox"/>	Contact:	453 TRUCK, EXTRACTION
<input type="checkbox"/>	L06		<input type="checkbox"/>	Lockbox / Other Code:	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		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																
		PRINT FIRST <u>THEN</u> LAST NAME		START TIME	STOP TIME	STOP TIME													SIGNATURE-END OF SHIFT		
1	1011	1632176	Jordan Hankey		2330	0	7.50	L00	EME	7.50	N	N	N	N	N	Na	Na	N	527	VERIFIER	
						0												<input type="checkbox"/> RENTAL	JH		
2	1011	707	Liz Forero		2400	0	5.50	L00	EME	5.50	N	N	N	N	N	Na	Na	N	N/A	VERIFIER	
						0												<input type="checkbox"/> RENTAL	JH		
3	1011	707	Michael Mendez		2400	0	5.50	L00	EME	5.50	N	N	N	N	N	Na	Na	N	N/A	VERIFIER	
						0												<input type="checkbox"/> RENTAL	JH		
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				↑VERIFY TOTAL HRS		↑VERIFY TOTAL HRS		VERIFICATION OF PTS DATA				APPROVER SIGNATURE TO VERIFY FORM IS COMPLETED			
STEP 1-PRINT APPROVER NAME		STEP 2-DID THE FORM VERIFIER REVIEW THIS FORM FOR COMPLETION? <input type="checkbox"/> <input type="checkbox"/>		STEP 3-TOTAL HRS		THESE TWO TOTALS SHOULD MATCH		STEP 4-PHASE HRS		STEP 5 - DOES THE PTS COVER:				STEP 6-APPROVER SIGNATURE	
Jordan Hankey		IF "N", YOU MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES INCLUDING TOP SECTION OF FORM		18.5		↔		18.5		<input type="checkbox"/> WHO <input type="checkbox"/> WHERE <input type="checkbox"/> WHEN				<i>Jordan Hankey</i>	
										WORK DESC: <input type="checkbox"/> WHAT <input type="checkbox"/> WHERE <input type="checkbox"/> WHY <input type="checkbox"/> HOW					
WORK DESCRIPTION: BASED ON LOCATION(S) WORKED AND PHASE CODE(S), PLEASE DESCRIBE WHAT WORK THE CREW PERFORMED															

I received the emergency call and began mobilizing to the shop. Upon arrival at the shop I began loading the truck with necessary supplies and equipment. I drove to the job site and met with Jeff Gardels. He showed me the affected units and gave me lock code for units. Unit 922:

We began in the source unit by picking up garbage and wet drywall pieces off the floor. We then mopped to remove standing water from the unit. I checked moisture levels in the walls and removed base boards from all affected walls. I sprayed the area with antimicrobial and removed the floor with a new clean mop head. We placed removed base boards against the walls where they were removed from as there was not a safe place to store them. We set equipment and taped down necessary cords. And removed garbage bags used in the unit.

Unit 920:

We moved onto the neighboring unit. We began with mopping all standing water in the unit. Then checked walls for moisture and removed base boards on affected walls. The tenant took the base boards and stored them in his garage. We then sprayed antimicrobial and mopped with another new mop head to avoid cross contamination. Then we set equipment and taped down cords. We left the unit and headed back to the shop.

Back at the shop we unloaded the equipment and supplies used and restocked the truck. And I began paperwork.

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 ☐