

PERSONNEL TRACKING  
SERVICE TYPE (RESTORATION)



PTS DOC #  
ELECTRONIC

FORM VERIFIER LINE #  
START DATE  
1/22/24  
STOP DATE  
1/22/24

INITIALS  
Jt  
START DAY  
Monday  
END DAY  
Monday

CREW SHEET#  
LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE  
NTS - 12224 - 550

JOB NUMBER-COMPLETE  
101108165

JOB NAME  
Briarbrook Apartments 1007

JOB ADDRESS  
1007 Briarbrook Dr  
Wheaton IL

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 20  
☐ SNOW  
☐ RAIN  
☐ WINDY  
☐  
☐

JOB STATUS  
New ☐ RETURN  
Ongoing ☐ Date -  
Comp ☐ Time -  
Hold ☐ (explain why in description)  
Other  
Contact:  
Lockbox / Other Code:

CODE  
529  
530  
518  
523  
527  
453  
N/A

VEHICLE NAME (TABLE)  
PICKUP, SUV OR CAR  
VAN, PASSENGER/CARGO  
TRUCK-MOVING/BOX/BOARD UP  
TRUCK, 3/4 TON PICKUP  
TRUCK, 1 TON 4X4 W/LIFTGATE  
TRUCK, EXTRACTION  
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 |  |
|--------|------|----------------|-------------------|------------|---------------|-------------------------|-----------------|--------------|---------------|------------|----------------|--------------|--|----------|----------------------------|---|-----------------|-----|------------|-----------|----------|----------------|--|
|        |      | START TIME     | LUNCH             |            | STOP TIME     | 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        |            |               | STOP TIME               |                 |              |               |            |                |              |  | BY OTHER |                            |   |                 |     |            |           |          |                |  |
|        |      |                |                   |            |               |                         |                 |              |               |            |                |              |  |          | PRINT FIRST THEN LAST NAME |   |                 |     |            |           |          |                |  |
| 1      | 1011 | 1818550        | Jt stryszyk       |            | 1200          | 00                      | 1230            | 0.50         | L00           | WTR        | 0.50           | N            | N  | N        | N                          | N | N/A             | N/A | N          | 530       |          | VERIFIER       |  |
| 2      | 1011 | 707            | Se bastian flores |            | 1200          | 00                      | 1230            | 0.50         | L00           | WTR        | 0.50           | N            | N  | N        | N                          | N | N/A             | N/A | N          | N/A       |          | VERIFIER       |  |
| 3      |      |                |                   |            |               |                         |                 |              |               |            |                | N            | N  | N        | N                          | N |                 |     | N          |           | VERIFIER |                |  |
| 4      |      |                |                   |            |               |                         |                 |              |               |            |                | N            | N  | N        | N                          | N |                 |     | N          |           | VERIFIER |                |  |
| 5      |      |                |                   |            |               |                         |                 |              |               |            |                | N            | N  | N        | N                          | N |                 |     | N          |           | VERIFIER |                |  |
| 6      |      |                |                   |            |               |                         |                 |              |               |            |                | N            | N  | N        | N                          | N |                 |     | N          |           | VERIFIER |                |  |
| 7      |      |                |                   |            |               |                         |                 |              |               |            |                | N            | N  | N        | N                          | N |                 |     | N          |           | VERIFIER |                |  |
| 8      |      |                |                   |            |               |                         |                 |              |               |            |                | N            | N  | N        | N                          | N |                 |     | N          |           | VERIFIER |                |  |
| 9      |      |                |                   |            |               |                         |                 |              |               |            |                | N            | N  | N        | N                          | N |                 |     | N          |           | VERIFIER |                |  |
| 10     |      |                |                   |            |               |                         |                 |              |               |            |                | N            | N  | N        | N                          | N |                 |     | N          |           | VERIFIER |                |  |
| 11     |      |                |                   |            |               |                         |                 |              |               |            |                | N            | N  | N        | N                          | N |                 |     | N          |           | VERIFIER |                |  |
| 12     |      |                |                   |            |               |                         |                 |              |               |            |                | N            | N  | N        | N                          | N |                 |     | N          |           | VERIFIER |                |  |
| 13     |      |                |                   |            |               |                         |                 |              |               |            |                | N            | N  | N        | N                          | N |                 |     | N          |           | VERIFIER |                |  |
| 14     |      |                |                   |            |               |                         |                 |              |               |            |                | N            | N  | N        | N                          | N |                 |     | N          |           | 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  
1

THESE TWO TOTALS SHOULD MATCH

STEP 4-PHASE HRS  
1

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

STEP 6-APPROVER SIGNATURE  
Jordan Hankey

WORK DESCRIPTION: BASED ON LOCATION(S) WORKED AND PHASE CODE(S), PLEASE DESCRIBE WHAT WORK THE CREW PERFORMED

When we got to the building I checked the moisture readings in the hall and took dry proof pictures. Then we went into the unit checked moisture readings and took dry proof pictures. We then removed the equipment and got a certificate of completion signed by david.