

PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)



PTS DOC# - ELECTRONIC	FORM VERIFIER LINE # 1		INITIALS MM	JOB NUMBER-COMPLETE		LOSS CAUSE		CODE	LOCATION	WEATHER		JOB STATUS		CODE VEHICLE NAME (TABLE)	
	START DATE		START DAY		101108148		<input type="checkbox"/> FIRE	L00		<input type="checkbox"/> HUMID	New <input type="checkbox"/>	RETURN		529 PICKUP, SUV OR CAR	
	1/16/24		Tuesday				<input type="checkbox"/> WATER/FLOOD	L01	Site	<input type="checkbox"/> TEMP -15	Ongoing <input type="checkbox"/>	Date - <input type="text" value="Tbd"/>	530 VAN, PASSENGER/CARGO		
	STOP DATE		END DAY		JOB NAME		<input type="checkbox"/> WIND	L02		<input type="checkbox"/> SNOW	Comp <input type="checkbox"/>	Time - <input type="text"/>	518 TRUCK-MOVING/BOX/BOARD UP		
	1/16/24		Tuesday		55 E Monroe		<input type="checkbox"/> MOLD	L03		<input type="checkbox"/> RAIN	Hold <input type="checkbox"/>	(explain why in description)		523 TRUCK, 3/4 TON PICKUP	
CREW SHEET#				JOB ADDRESS		<input type="checkbox"/> EARTHQUAKE	L04		<input type="checkbox"/> WINDY	Other <input type="text"/>			527 TRUCK, 1 TON 4X4 W/LIFTGATE		
LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE				55 E Monroe		<input type="checkbox"/>	L05		<input type="checkbox"/>	Contact: <input type="text"/>			453 TRUCK, EXTRACTION		
ROE - 11624 - 985				Chicago IL		<input type="checkbox"/>	L06		<input type="checkbox"/>	Lockbox / Other Code: <input type="text"/>			N/A NO VEHICLE		
				SAFETY TOPIC		TOOL BOX TRAINING COMPLETED? <input type="checkbox"/> <input type="checkbox"/>								FOR RENTAL CARS: FILL IN VEHICLE CODE AND CHECK BOX	
				Winter hazards											

OFFICE	ID#	PERSONNEL NAME	RATE CLASS	24 HOUR CLOCK			TOTAL HOURS	LOCATION CODE	PHASE CODE	HOURS BY PHASE	SMALL TOOLS	PPE	PRP - FIT TEST	PPP - 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														
				START TIME	START TIME	STOP TIME										BY OTHER					
					STOP TIME																
		PRINT FIRST <u>THEN</u> LAST NAME	SIGNATURE-END OF SHIFT																		
1	1011	1715985	Maurilio Muñoz Jr	700	1200	1745	10.25	L01	WTR	10.25	N	N	N	N	N	NA	NA	N	527	VERIFIER	
					1230													<input type="checkbox"/> RENTAL	Mm		
2	1011	707	Eduardo Garcia	700	1200	1730	10.00	L01	WTR	10.00	N	N	N	N	N	NA	NA	N	N/A	VERIFIER	
					1230													<input type="checkbox"/> RENTAL	Mm		
3	1011	707	Anderson n Brice ño	700	1200	1730	10.00	L01	WTR	10.00	N	N	N	N	N	NA	NA	N	N/A	VERIFIER	
					1230													<input type="checkbox"/> RENTAL	Mm		
4	1011	707	Yordany Garcia	700	1200	1730	10.00	L01	WTR	10.00	N	N	N	N	N	NA	NA	N	N/A	VERIFIER	
					1230													<input type="checkbox"/> RENTAL	Mm		
5	1011	707	Yeferson n Garcia	700	1200	1730	10.00	L01	WTR	10.00	N	N	N	N	N	NA	NA	N	N/A	VERIFIER	
					1230													<input type="checkbox"/> RENTAL	Mm		
6	1011	707	Jordani Ramirez z	700	1200	1730	10.00	L01	WTR	10.00	N	N	N	N	N	NA	NA	N	N/A	VERIFIER	
					1230													<input type="checkbox"/> RENTAL	MM		
7	1011	707	Franklin Bermon	700	1200	1730	10.00	L01	WTR	10.00	N	N	N	N	N	NA	NA	N	N/A	VERIFIER	
					1230													<input type="checkbox"/> RENTAL	MM		
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					70.25		↔		70.25		<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

Arrived on site. Met with Security to sign in. About 10 minutes later we met with Steven the man in charge of the medication. GC pro also arrived about 830. We went through and the walk-through filled them in as far as what they needed done or what we needed done. Upon scoping I also called Tom to fill them in and update them as far as how everything is going and what we needed for the day. Today we were doing a job check which we were two empty garbage cans for dehumidifiers rearrange equipment as needed to moisture readings And pool base upon approval. I had contacted Tom in the morning to get approval, but it was delayed at least 3 to 4 hours. Couldn't get a hold of Kim and the person in charge, and the one that makes the decisions. So we helped out GC bro to move some boxes to the 26 floor also had pulled base after the approval. Also move equipment around and do our moisture readings. I kept Tom in the loop and everyone else up-to-date. Once we were done on the 24th floor, we went down to the 23rd floor and did the same. Empty garbage cans, rearrange equipment, moisture logging and getting everything ready for dry standard. I'm finishing our job duty. We loaded the truck and headed back to the shop where we would end our day.

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