

PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)



PTS DOC #

ELECTRONIC

FORM VERIFIER LINE #

2

INITIALS

mm

START DATE

1/22/24

START DAY

Monday

STOP DATE

1/22/24

END DAY

Monday

CREW SHEET#

LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS IDE

ERA

-

12224

-

985

FORM NUMBER-COMplete

101108180

JOB NAME

Nuera

JOB ADDRESS

16280 E TwomblyRd
RochelleIL

SAFETY TOPIC

Harness test

TOOL BOX TRAINING COMPLETED?

☐

☐

LOSS CAUSE

☐ FIRE

L00

Site

☐ WATER/FLOOD

L01

Tra vel

☐ WIND

L02

☐ MOLD

L03

☐ EARTHQUAKE

L04

☐

L05

☐

L06

WEATHER

☐ HUMID

☐ TEMP

22

☐ SNOW

☐ RAIN

☐ WINDY

☐

☐

JOB STATUS

New

☐

Ongoing

☐

Comp

☐

Hold

☐

Other

Contact:

Lockbox / Other Code:

RETURN

Date -

TBD

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 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
				24 HOUR	LUNCH	24 HOUR										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	CONFIRM HOURS BY PERSON									CONFIRM HOURS BY OTHER	VEHICLE CODE		SIGNATURE-END OF SHIFT		
				START TIME	STOP TIME	STOP TIME	BY PERSON									BY OTHER	CODE		ROOM #	CODE	NAME
1	1011	1493781		800	1200 1230	1830	10.00	L00	CLN	10.00	N	N	N	N	N	Na	Na	N	529		VERIFIER Mm
2	1011	1715985		630	1200 1230	2000	13.00	L00	CLN	13.00	N	N	N	N	N	Na	Na	N	527		VERIFIER Mm
3	1011	707		630	1200 1230	1930	12.50	L00	CLN	12.50	N	N	N	N	N	Na	Na	N	N/A		VERIFIER Mm
4	1011	707		630	1200 1230	1930	12.50	L00	CLN	12.50	N	N	N	N	N	Na	Na	N	N/A		VERIFIER Mm
5	1011	707		630	1200 1230	1930	12.50	L00	CLN	12.50	N	N	N	N	N	Na	Na	N	N/A		VERIFIER Mm
6	1011	707		630	1200 1230	1930	12.50	L00	CLN	12.50	N	N	N	N	N	Na	Na	N	N/A		VERIFIER Mm
7	1011	707		630	1200 1230	1930	12.50	L00	CLN	12.50	N	N	N	N	N	Na	Na	N	N/A		VERIFIER Mm
8	1011	707		630	1200 1230	1930	12.50	L00	CLN	12.50	N	N	N	N	N	Na	Na	N	N/A		VERIFIER Mm
9	1011	707		700	1200 1230	1930	12.00	L00 L01	CLN TVL	10.00 2.00	N	N	N	N	N	Na	Na	N	N/A		VERIFIER Mm
10	1011	707		700	1200 1230	1930	12.00	L00 L01	CLN TVL	10.00 2.00	N	N	N	N	N	Na	Na	N	N/A		VERIFIER Mm
11	1011	707		700	1200 1230	1930	12.00	L00 L01	CLN TVL	10.00 2.00	N	N	N	N	N	Na	Na	N	N/A		VERIFIER Mm
12	1011	707		700	1200 1230	1930	12.00	L00 L01	CLN TVL	10.00 2.00	N	N	N	N	N	Na	Na	N	N/A		VERIFIER Mm
13	1011	707		700	1200 1230	1930	12.00	L00 L01	CLN TVL	10.00 2.00	N	N	N	N	N	Na	Na	N	N/A		VERIFIER Mm
14	1011	707		700	1200 1230	1930	12.00	L00 L01	CLN TVL	10.00 2.00	N	N	N	N	N	Na	Na	N	N/A		VERIFIER Mm

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

170

THESE TWO TOTALS SHOULD MATCH

STEP 4-PHASE HRS

170

STEP 5 - DOES THE PTS COVER:

☐ WHO

☐ WHERE

☐ WHEN

WORK DESC: ☐ WHAT

☐ WHERE

☐ WHY

☐ HOW

STEP 6-APPROVER SIGNATURE