

PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)



PTS DOC# - ELECTRONIC	FORM VERIFIER LINE # 1		INITIALS Jm	JOB NUMBER-COMPLETE	
	START DATE		START DAY	101108238	
	9/4/24		Wednesday	JOB NAME	
	STOP DATE		END DAY	Renaissance Tile	
	9/4/24		Wednesday	JOB ADDRESS	
CREW SHEET# LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE				555 N Franklin St Chicago IL	
ILE - 90424 - 399				SAFETY TOPIC Boots	
				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 74	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

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	SIGNATURE-END OF SHIFT	VERIFIER							
				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																	
1	1011	1723399		John meek		1400	0	1630	2.50	L00	WTR	2.50	N	N	N	N	N	N/A	N/A	N	530		VERIFIER
							0													<input type="checkbox"/> RENTAL		Jm	
2	1011	707		Ja un Gil		1400	0	1600	2.00	L00	WTR	2.00	N	N	N	N	N	N/A	N/A	N	N/A		VERIFIER
							0													<input type="checkbox"/> RENTAL		Jm	
3	1011	707		Honoring ca stillo		1400	0	1600	2.00	L00	WTR	2.00	N	N	N	N	N	N/A	N/A	N	N/A		VERIFIER
							0													<input type="checkbox"/> RENTAL		Jm	
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		6.5		↔		6.5		<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

Arrived at job. Unloaded truck of equipment and materials. Proceeded to work location. Met with rebuild as well as site contact Kate. Got key to storage room and proceeded to base ment to begin collecting tiles. Loaded tile into garage bags that were taped before wheeling upstairs and throwing away. Vacuumed and cleaned area before taking photos. Bring Ing all equipment and materials to sh op and uploading photos before starting and finish ing paperwork.