

PERSONNEL TRACKING  
SERVICE TYPE (RESTORATION)



PTS DOC#  
ELECTRONIC

FORM VERIFIER LINE # 1  
INITIALS CT  
START DATE 9/4/24  
STOP DATE 9/4/24  
START DAY Wednesday  
END DAY Wednesday

CREW SHEET#  
LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE  
DGE - 90424 - 491

JOB NUMBER-COMPLETE  
101108461

JOB NAME  
Highland Ridge

JOB ADDRESS  
14158 HilltopLn  
LockportIL

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 65  
☐ SNOW  
☐ RAIN  
☐ WINDY  
☐  
☐

JOB STATUS  
New ☐  
Ongoing ☐  
Comp ☐  
Hold ☐  
Other ☐  
Contact:  
Lockbox / Other Code:

RETURN  
Date -  
Time -  
(explain why in description)

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	PPE	PRP - FIT TEST	PPF - HARNESS	PER DIEM	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	1914491	CJ Tulk		730	00	1200	4.50	L00	JBC	4.50	N	N	N	N	N	NA	NA	N	530		VERIFIER	
2	1011	707	Ruben Guerrero		700	00	1330	6.50	L00	JBC	6.50	N	N	N	N	N	NA	NA	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  
11

THESE TWO TOTALS SHOULD MATCH

STEP 4-PHASE HRS  
11

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

STEP 6-APPROVER SIGNATURE  
Jordan Hankey

VERIFICATION OF PTS DATA

APPROVER SIGNATURE TO VERIFY FORM IS COMPLETED

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

Today we picked up equipment and removed any containment that was left set up. We also touched up some areas with encapsulation where needed.