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PERSONNEL TRACKING

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SERVICE TYPE (RESTORATION)



							DLKVICL	ITPL (NLS	IUNAI	ION											PRO	PERTYMENT	ORATION
<u></u> 2	FORM VERIFIER LINE # $_1$ INITIALS $_{ m Jt}$ JOB NUMBER-COMPLETE $_{ m START\ DAY}$							LOSS CAUSE		CODE	LOCATION				WEAT	HER	JOB STATUS				CODE	VEHICLE NAM	1E (TABLE)
DOC # CTRONIC	START DATE	START DAY			FIRE	L00	L00 Site			_ [HUM	IID	Nev	٧Ш	_	RETURN	529	PICKUP, SUV OF	≀ CAR				
DC	1/22/24	Monday			WATER/FLOOD		L01					TEM	P 20 C	Ongoin	g 🔲	Date -		530	VAN, PASSENGE	ER/CARGO			
PTS ELEC	STOP DATE	END DAY	ents			☐ WIND)	L02					SNO	W	Comp	ρП	Time -		518	TRUCK-MOVING	G/BOX/BOARD UP		
_ = =,	1/22/24	Monday	JOB ADDRESS					MOLI)	L03				_ [RAIN			=			523	TRUCK, 3/4 TON	N PICKUP
CREW SHEET# 1290 BriarbrookDr							EART	HQUAKE	L04				_ [WIN	DY	Holo	dШ	(explain why in	description)	527	TRUCK, 1 TON 4	1X4 W/LIFTGATE	
LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE WheatonL								L05				_ [\exists		Othe	r 🗌			453	TRUCK, EXTRAC	TION		
NTS - 12224 - 550 SAFETY TOPIC			SAFETY TOPIC	TOOL BOX TRAINING					L06					\exists		Contact	t:			N/A	NO VEHICLE		
INI	O - 12	222 4 - 330	PPE			COMPLETED?] 🗆										Lockbox / Other Co			FOR RENTAL CARS: FILL IN VEHICLE CODE AND CHECK B			ID CHECK BOX
		PERSONNE	L NAME			4 HOUR CLO		TOTAL HOURS	z							SEE GUIDE		Σ	SEE TABLE			ONNEL NAME	D CHECK BOX
OFFICE	ID#	CLEARLY PRINT YOUR NAME HELPS ENSU	RE THE CORRECT PERSON IS BEING	' NAIL	START TIME	LUNCH START TIME	24 HOUR	CONFIRM HOURS BY PERSON BY OTHER		PHASE CODE WTR	HOURS BY	000	TEST	NESS		HOTEL	HOTEL	ROO	VEHICLE CODE			ENTS THE APPROV	AL TO PAY YOUR NATURE MAY RESULT
		NO PA					STOP				01	ᇦ	- - FIT			NAME	ROOM	AARE		DOCOMENTED H		MELY OR NO PAY	ATORE WAT RESULT
		PRINT FIRST <u>THE</u>	<u>N</u> LAST NAME			STOP TIME	TIME					SMAL	PRP PRP	PFP	PER	CODE	#	ᄼ		SI	GNATUR	RE- END OF S	
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1011	707	Sebastia	n flores		1145	0	1200	0.25	L00	WTR	0.25	N	I N	N	N [1/A	N/A	N -	N/A RENTAL				Jt
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RESPONSIBIL	LITY OF APPROVER:	PLEASE COMPLETE ALL REQUESTS BELOW						VERIFY TOTAL HRS	<u> </u>		↑VERIFY TOTA	L HRS				VERIFICATION	N OF PTS DA	TA		APPRO'	VER SIGNATURE	TO VERIFY FORM IS	COMPLETED
STEP 1-PRINT APPROVER NAME STEP 2-DID THE FORM VERIFIER REVIEW THIS FORM FOR COMPLETION?								STEP 3-TOTAL HRS	THESE TWO				_		P 5 - DOES				STEP 6-APPROVER SIGNATURE				
Jordan Hankey IF "N", YOU MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES INCLUDING TOP SECTION OF FORM								0.5	SHOULD	VIATCH				DRK DESC			/HERE WHEN WHERE WHY HOW				Jorda	an Hank	eey
WORK DES	CRIPTION : BASED	ON LOCATION(S) WORKED AN		ESCRIBE W	HAT WORK TH	HE CREW PERF	ORMED						1		- Ц				<u></u>				
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		isture readings																					•
and	he told u	is to remove th	ne equipment	. I to	ok pict	ures o	fhow	we left	it. An	d an	d Dav	/id	Sig	gn	a lia	ı bilit	ty fo	rn	n and t	the co	mp le	tion fo	rm.
FORM VERIFIER-PLEASE CHECK BOX AND ENTER QUANTITY FOR A E& PAGES I CLUDED WITH THIS SHEET NONE										OF PAG	GE		Т] #0	F PAGI	5		ſ	RECIEPT	TRACKING	FORMS	\Box	
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