

PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)



PTS DOC# - ELECTRONIC	FORM VERIFIER LINE # 1		INITIALS Jt	JOB NUMBER-COMPLETE		LOSS CAUSE		CODE	LOCATION	WEATHER		JOB STATUS		CODE VEHICLE NAME (TABLE)	
	START DATE		START DAY		101108493		<input type="checkbox"/> FIRE	L00	Site	<input type="checkbox"/> HUMID	New <input type="checkbox"/>	RETURN		529 PICKUP, SUV OR CAR	
	9/1/24		Sunday				<input type="checkbox"/> WATER/FLOOD	L01		<input type="checkbox"/> TEMP 75	Ongoing <input type="checkbox"/>				
	STOP DATE		END DAY		JOB NAME		<input type="checkbox"/> WIND	L02		<input type="checkbox"/> SNOW	Comp <input type="checkbox"/>	Time -		518 TRUCK-MOVING/BOX/BOARD UP	
	9/1/24		Sunday		2626 N Lakeview Ave		<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# LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE					2626 N LakeviewA ve Chicago IL		<input type="checkbox"/> EARTHQUAKE	L04		<input type="checkbox"/> WINDY	Other		527 TRUCK, 1 TON 4X4 W/LIFTGATE		
AVE - 90124 - 550					SAFETY TOPIC PPE		<input type="checkbox"/>	L05		<input type="checkbox"/>	Contact:		453 TRUCK, EXTRACTION		
					TOOL BOX TRAINING COMPLETED? <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	L06		<input type="checkbox"/>	Lockbox / Other Code:		N/A 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	
		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	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	BY OTHER															
				STOP TIME																	
		PRINT FIRST <u>THEN</u> LAST NAME			START TIME	STOP TIME	STOP TIME			START TIME	STOP TIME			HOTEL NAME CODE	HOTEL ROOM #			VEHICLE CODE	SIGNATURE-END OF SHIFT		
1	1011	1818550	Jt stryszyk		1300	1300 1330	2330	10.00	L00	WTR	10.00	N	N	N	N	N	N/A	N/A	N	518	VERIFIER
2	1011	707	Pe dro forero		1300	1300 1330	2300	9.50	L00	WTR	9.50	N	N	N	N	N	N/A	N/A	N	<input type="checkbox"/> RENTAL	Jt
3	1011	707	Esp eranza oso rio		1300	1300 1330	2300	9.50	L00	WTR	9.50	N	N	N	N	N	N/A	N/A	N	N/A	VERIFIER
4												N	N	N	N	N			N	<input type="checkbox"/> RENTAL	Jt
5												N	N	N	N	N			N	<input type="checkbox"/> RENTAL	VERIFIER
6												N	N	N	N	N			N	<input type="checkbox"/> RENTAL	Jt
7												N	N	N	N	N			N	<input type="checkbox"/> RENTAL	VERIFIER
8												N	N	N	N	N			N	<input type="checkbox"/> RENTAL	Jt
9												N	N	N	N	N			N	<input type="checkbox"/> RENTAL	VERIFIER
10												N	N	N	N	N			N	<input type="checkbox"/> RENTAL	Jt
11												N	N	N	N	N			N	<input type="checkbox"/> RENTAL	VERIFIER
12												N	N	N	N	N			N	<input type="checkbox"/> RENTAL	Jt
13												N	N	N	N	N			N	<input type="checkbox"/> RENTAL	VERIFIER
14												N	N	N	N	N			N	<input type="checkbox"/> RENTAL	Jt

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						29		↔		29		<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																	

We got to the shop and loaded the truck. We then drove to the job site. Upon arrival we spoke to mike with ma intenance and he showed us the areas that were affected. I then got a work auth signed and got to work. The water came from a backed up sink drain I talked with Matt and we classi fied the water as cat 2. All of the water was cleaned up before we got to the building. I got started doing the moisture maps, moisture log and equipment log. I started my helpers in the lobby they built 2 plastic walls to iso late the affected area. We had to tape plastic sheets together because the ceilings were so tall. We then se t up equipment in there to dry out the affected area. In the valet shop the ceiling was sa turated so we se t up some drying equipment and taped Down cords. In the party room is where the drain backed up. The hard wood floor was sa turated. There was 2 layers of hard wood floors so it was hard to get accu rate readings. We se t up some drying equipment to stabilize the environment. In the storage room there were some contents in a few lockers that got wet. We se t a dehumidifier in there to dry out the floor and some of the contents that were affected. We will need to go back on Tuesday to check moisture readings and figure out what needs to be demoed.

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 ☐