PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)

BELFOR PROPERTY RESTORATION

PTS DOC # ELECTRONIC				
FORM VERIFIER LINE # 1	INITIALS Bn			
START DATE 1/20/24	START DAY Saturday			
STOP DATE 1/20/24	END DAY Saturday			

JOB NUMBER-COMPLETE 101 108166

JOB NAME Thompson, Kathy

JOB ADDRESS 446 Lynn Ct Clarendon Hills IL

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

THY - 12024 - 109

SAFETY TOPIC Steel toe

TOOL BOX TRAINING COMPLETED? ☐ ☐

LOSS CAUSE	CODE
☐ FIRE	L00
☐ WATER/FLOOD	L01
☐ WIND	L02
☐ MOLD	L03
☐ EARTHQUAKE	L04
☐	L05
☐	L06

LOCATION Site

WEATHER	
☐ HUMID	
☐ TEMP	10
☐ SNOW	
☐ RAIN	
☐ WINDY	
☐	
☐	

JOB STATUS	
New ☐	RETURN
Ongoing	Date -
Comp ☐	Time -
Hold ☐	(explain why in description)
Other	
Contact:	
Lockbox / Other Code:	

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 (PRINT FIRST THEN LAST NAME)	RATE CLASS	24 HOUR START TIME	LUNCH START TIME / STOP TIME	24 HOUR STOP TIME	TOTAL HOURS BY PERSON / BY OTHER	LOCATION CODE	PHASE CODE	HOURS BY PHASE	SMALL TOOLS	PPE	PRP-FIT TEST	PFP-HARNESS	PER DIEM	HOTEL NAME CODE	HOTEL ROOM #	SHARE ROOM	VEHICLE CODE / RENTAL	SIGNATURE-END OF SHIFT / PERSONNEL NAME
1 1011	1793109	Brian nork	700	1200 / 1230		1530	8.00	L00	DMO	8.00	N	N	N	N	N	Na	Na	N	527 ☐RENTAL	VERIFIER Bn
2 1011	1914491	Cj tulk	700	1200 / 1230		1530	8.00	L00	DMO	8.00	N	N	N	N	N	Na	Na	N	N/A ☐RENTAL	VERIFIER Bn
3 1011	707	Pedro Forero	700	1200 / 1230		1530	8.00	L00	DMO	8.00	N	N	N	N	N	Na	Na	N	N/A ☐RENTAL	VERIFIER Bn
4 1011	707	Oscar Mendez	700	1200 / 1230		1530	8.00	L00	DMO	8.00	N	N	N	N	N	Na	Na	N	N/A ☐RENTAL	VERIFIER Bn
5											N	N	N	N	N			N	☐RENTAL	VERIFIER
6											N	N	N	N	N			N	☐RENTAL	VERIFIER
7											N	N	N	N	N			N	☐RENTAL	VERIFIER
8											N	N	N	N	N			N	☐RENTAL	VERIFIER
9											N	N	N	N	N			N	☐RENTAL	VERIFIER
10											N	N	N	N	N			N	☐RENTAL	VERIFIER
11											N	N	N	N	N			N	☐RENTAL	VERIFIER
12											N	N	N	N	N			N	☐RENTAL	VERIFIER
13											N	N	N	N	N			N	☐RENTAL	VERIFIER
14											N	N	N	N	N			N	☐RENTAL	VERIFIER

RESPONSIBILITY OF APPROVER: PLEASE COMPLETE ALL REQUESTS BELOW

STEP 1-PRINT APPROVER NAME	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	THESE TWO TOTALS SHOULD MATCH	STEP 4-PHASE HRS	STEP 5 - DOES THE PTS COVER:	STEP 6-APPROVER SIGNATURE
Jordan Hankey		32	⟷	32	☐WHO ☐WHERE ☐WHEN / WORK DESC: ☐WHAT ☐WHERE ☐WHY ☐HOW	Jordan Hankey

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

Got to the shop loaded up there with the equipment and materials we needed for the day drove to 446 Lynn St., Clarendon Hills, upon arrival spoke to homeowner. Entered the home and did a face time with Ralph came up with game plain. Started covering cabinets with plastic we did the same thing for the island and kitchen table. Started demoing the ceiling upon demoing the ceiling we found insulation, wet and frozen, took down drywall very heavy, due to the wet and frozen insulation. removed all screws from 2 x4's and joist. Then we hepa vac joist and 2x4's and sprayed anti microbial spray on 2x4's and joist and whipped them down. Then we removed all plastic. Hepa vac on top of cabinets, wiped down all cabinets and countertops. We removed all garage and mopped are way out of the home. Load up van and headed back to the ahop

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

SIMPSON 052317