

PERSONNEL TRACKING  
SERVICE TYPE (RESTORATION)



PTS DOC# - ELECTRONIC	FORM VERIFIER LINE # 1		INITIALS MM	JOB NUMBER-COMPLETE		LOSS CAUSE		CODE	LOCATION	WEATHER		JOB STATUS		CODE VEHICLE NAME (TABLE)	
	START DATE		START DAY		101108163		<input type="checkbox"/> FIRE	L00		<input type="checkbox"/> HUMID	New <input type="checkbox"/>	RETURN		529 PICKUP, SUV OR CAR	
	1/17/24		Wednesday				<input type="checkbox"/> WATER/FLOOD	L01	Site	<input type="checkbox"/> TEMP 10	Ongoing <input type="checkbox"/>	Date - <input type="text" value="Tbd"/>	530 VAN, PASSENGER/CARGO		
	STOP DATE		END DAY		JOB NAME		<input type="checkbox"/> WIND	L02		<input type="checkbox"/> SNOW	Comp <input type="checkbox"/>	Time - <input type="text"/>	518 TRUCK-MOVING/BOX/BOARD UP		
	1/17/24		Wednesday		MARINA CITY		<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#					JOB ADDRESS		<input type="checkbox"/> EARTHQUAKE	L04		<input type="checkbox"/> WINDY	Other <input type="text"/>	527 TRUCK, 1 TON 4X4 W/LIFTGATE	453 TRUCK, EXTRACTION		
LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE					333 Dearborn St Chicago IL		<input type="checkbox"/>	L05		<input type="checkbox"/>	Contact: <input type="text"/>	N/A NO VEHICLE		FOR RENTAL CARS: FILL IN VEHICLE CODE AND CHECK BOX	
ITY - 11724 - 985					SAFETY TOPIC		<input type="checkbox"/>	L06		<input type="checkbox"/>	Lockbox / Other Code: <input type="text"/>	N/A			
					Winter hazard		TOOL BOX TRAINING COMPLETED? <input type="checkbox"/> <input type="checkbox"/>								

OFFICE	ID#	PERSONNEL NAME	RATE CLASS	24 HOUR CLOCK			TOTAL HOURS	LOCATION CODE	PHASE CODE	HOURS BY PHASE	SMALL TOOLS	PPE	PRP - FIT TEST	PPP - 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															
				START TIME	START TIME	STOP TIME																
					STOP TIME																	
PRINT FIRST <u>THEN</u> LAST NAME				START TIME	STOP TIME	BY OTHER									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		
1	1011	1715985	Maurilio Muñoz jr		1630	0	2230	6.00	L01	EME	6.00	N	N	N	N	N	N/A	N/A	N	527	VERIFIER	
																				<input type="checkbox"/> RENTAL	MM	
2	1011	707	Pe dro forero		1630	0	2130	5.00	L01	EME	5.00	N	N	N	N	N	N/A	N/A	N	N/A	VERIFIER	
																				<input type="checkbox"/> RENTAL	Mm	
3	1011	707	Miche al mendez		1630	0	2130	5.00	L01	EME	5.00	N	N	N	N	N	N/A	N/A	N	N/A	VERIFIER	
																				<input type="checkbox"/> RENTAL	Mm	
4	1011	707	Osc a r mendez		1630	0	2130	5.00	L01	EME	5.00	N	N	N	N	N	N/A	N/A	N	N/A	VERIFIER	
																				<input type="checkbox"/> RENTAL	Mm	
5	1011	707	Da vid oso rio		1630	0	2130	5.00	L01	EME	5.00	N	N	N	N	N	N/A	N/A	N	N/A	VERIFIER	
																				<input type="checkbox"/> RENTAL	Mm	
6	1011	1786035	Alex morles		1800	0	1930	1.50	L01	EME	1.50	N	N	N	N	N	N/A	N/A	N	527	VERIFIER	
																				<input type="checkbox"/> RENTAL	Mm	
7	1011	707	Roberto Vásquez		1800	0	1930	1.50	L01	EME	1.50	N	N	N	N	N	N/A	N/A	N	N/A	VERIFIER	
																				<input type="checkbox"/> RENTAL	Mm	
8	1011	707	Bra lin lopez		1800	0	1930	1.50	L01	EME	1.50	N	N	N	N	N	N/A	N/A	N	N/A	VERIFIER	
																				<input type="checkbox"/> RENTAL	Mm	
9	1011	707	Jo se lopez		1800	0	1930	1.50	L01	EME	1.50	N	N	N	N	N	N/A	N/A	N	N/A	VERIFIER	
																				<input type="checkbox"/> RENTAL	Mm	
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					32		↔		32		<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 on site and met with Sarah. We were here for a emergency. Water heater pipe damaged. Cause d water to go on 3 Floors. Bar Louie base ment area all throughout bathrooms kitchen and hallways. Level 1 was kitchen area along with some water getting the havoc rooms. All floor water . Most had flood cuts already and base ment is being remodeled. Water was coming from ceiling in women’s bathroom. We extracted all water around there but water continues to leak. All floors where extracted. Ceiling tiles in ST level we’re damaged and they are aware. No EQ was left. Dried as we were extracting floor. Concrete and tile is what is there. Upon finishing we gathered everything and headed back to shop. Sarah was updated before leaving. No need to go back nor job check needed. No EQ on site

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