SIMPSON 052317

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PERSONNEL TRACKING

CEDVICE TYPE (RESTORATION)



SERVICE TYPE (RESTORATION)													RATION										
	FORM VERIFIER L	30	JOB NUMBER-COMPLETE	1011/	08165			LOSS CAUSE		CODE	LOCATION				WEAT	THER	JOB STATUS				CODE V	EHICLE NAME	(TABLE)
DOC # TRONIC	START DATE	START DAY				FIRE		L00	Site				HUN	MID	New	И		RETURN	529 PI	CKUP, SUV OR C	AR		
()	1/22/24							WATER/FLOOD		L01					TEM	1P 20 C	Ongoing	\mathbb{I}	Date -		530 V/	AN, PASSENGER/	CARGO
PTS ELE(STOP DATE	END DAY	Briarbrook Ap	artme	ents 100	/		☐ WIND		L02					SNO	ow	Comp	οП	Time -		518 TF	RUCK-MOVING/B	SOX/BOARD UP
_I	1/22/24	Monday	JOB ADDRESS			MOLD		L03					RAII	N	Hala	☐ ☐	(explain why in	description	523 TF	RUCK, 3/4 TON P	ICKUP		
CREW SHEET# 1007 BriarbrookDr								EARTI	HQUAKE	L04				_ [WIN	NDY	HOIC	ں –	(explain why in	uescription)	527 TF	RUCK, 1 TON 4X4	W/LIFTGATE
LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE WheatonL								L05				_ [Othe	r <u>L</u>			453 TF	RUCK, EXTRACTIO	NC		
NTS - 12224 - 550 SAFETY TOPIC				TOOL BOX TRA				L06				_ [コー	(Contact	t:			N/A NO VEHICLE				
			PPE			COMPLETED?										L	Lockbox / Other Code:				FOR RENTAL CARS: FILL IN VEHICLE CODE AND CHECK BOX		
		PERSONNEL			24 HOUR	24 HOUR CLOO LUNCH	24 HOUR	TOTAL HOURS	Z		HOURS	LS		_		SEE GUIDE		ΣΟ	SEE TABLE			INEL NAME	
OFFICE	ID#	CLEARLY PRINT YOUR NAME HELPS ENSU PAID FOR HOURS WORKED. AN ILLEGIBLE		RATE	START	START TIME		CONFIRM HOURS BY PERSON	ATIC ODE	PHASE	BY	100	FIT TEST		5		HOTEL ROOM		VEHICLE	YOUR SIGNATED H		ITS THE APPROVAL . A LACK OF SIGNAT	
		NO PAY		CLASS	TIME	STOP TIME	TIME	BY OTHER	LOCATION CODE	CODE	PHASE	SMALL			PER DI	CODE	#	SHAF	CODE	<u>Ci</u>		ELY OR NO PAY	ICT.
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2	707	Cabagtia	n flanag		1200	0	1220	0.50	L00	WTR	0.50	N	N N	N N	N	N/A	NI/A	N	N/A				VERIFIEF
1011	707	Se bastian flores			1200	0	1230								'\	IN/A	IN/A		RENTAL				<u>Jt</u>
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		PLEASE COMPLETE ALL REQUESTS BELOW	HE EODM VEDIEIED DEVIEW I	TIC EODM	EOD COMDI ET	ION2 □	П	TVERIFY TOTAL HRS		TOTALS STEP 4-PHASE HRS						ON OF PTS DATA			APPRO		OVER SIGNATURE	√PLETED	
STEP 1-PRINT APPROVER NAME STEP 2-DID THE FORM VERIFIER REVIEW THIS FORM FOR COMPLET IF "N", YOU MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES					ION:		SHOULD								WH				,	STEP 6-APPROVER SIGNATURE			
	Jordan Ha	, interestinte i	OP SECTION OF FORM	ECCDIDE IA	/// AT M/ORK T	UE CDEW DEDE	CODMED	1	\leftarrow	\longrightarrow	1		W	ORK DES	c: WH	HAT M	VHERE	W	HY HOW		Jordan	r Hankey	<u>t</u>
		O ON LOCATION(S) WORKED AND																					
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mo is	ture rea	dings and took	dry proof pic	cture	s. We	then re	move	d the e	auinr	nent	and g	ot	a	ce 1	rtific	ca te	ofc	01	nn le tic	n sigi	ied b	v da vić	1.
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FORM VE	RIFIER-PLEASE	CHECK BOX AND ENTER QU	ANTITY FOR A E& PA	GES I CL	.UDED WITH	THIS SHEET	Γ	NONE		OF PAC	GE	1	Γ] # 0	F PAG	E 5	1	ſ	RECIEDT	TRACKING	FORMS		
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