

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		101108176		<input type="checkbox"/> FIRE	L00		<input type="checkbox"/> HUMID	New <input type="checkbox"/>	RETURN		529 PICKUP, SUV OR CAR	
	1/18/24		Thursday				<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		
	1/18/24		Thursday		Golden Gate Funeral Home		<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					JOB ADDRESS		<input type="checkbox"/> EARTHQUAKE	L04		<input type="checkbox"/> WINDY	Other <input type="text"/>	Contact: <input type="text"/>	527 TRUCK, 1 TON 4X4 W/LIFTGATE		
OME - 11824 - 985					2036 W 79TH ST CHICA GOIL		<input type="checkbox"/>	L05		<input type="checkbox"/>	Lockbox / Other Code: <input type="text"/>		453 TRUCK, EXTRACTION		
					SAFETY TOPIC Ceiling cave in's		<input type="checkbox"/>	L06		<input type="checkbox"/>			N/A NO VEHICLE		
					TOOL BOX TRAINING COMPLETED? <input type="checkbox"/> <input type="checkbox"/>									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	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									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		
				START TIME	START TIME	STOP TIME															BY OTHER	
					STOP TIME																	
		PRINT FIRST <u>THEN</u> LAST NAME		START TIME	STOP TIME	STOP TIME													SIGNATURE-END OF SHIFT			
1	1011	1715985	Maurilio Muñoz Jr		1700	0	2400	7.00	L01	EME	7.00	N	N	N	N	N	N/A	N/A	N	530		VERIFIER
						0													<input type="checkbox"/> RENTAL	Mm		
2	1011	707	Liz forero		1700	0	2400	7.00	L01	EME	7.00	N	N	N	N	N	N/A	N/A	N	N/A		VERIFIER
						0													<input type="checkbox"/> RENTAL	Mm		
3	1011	707	Oscar Mendez		1700	0	2400	7.00	L01	EME	7.00	N	N	N	N	N	N/A	N/A	N	N/A		VERIFIER
						0													<input type="checkbox"/> RENTAL	Mm		
4	1011	707	David Osorio		1700	0	2400	7.00	L01	EME	7.00	N	N	N	N	N	N/A	N/A	N	N/A		VERIFIER
						0													<input type="checkbox"/> RENTAL	Mm		
5	1011	707	Cesar ponte		1700	0	2400	7.00	L01	EME	7.00	N	N	N	N	N	N/A	N/A	N	N/A		VERIFIER
						0													<input type="checkbox"/> RENTAL	Mm		
6	1011	707	John ponte		1700	0	2400	7.00	L01	EME	7.00	N	N	N	N	N	N/A	N/A	N	N/A		VERIFIER
						0													<input type="checkbox"/> RENTAL	Mm		
7												N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER
8												N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER
9												N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER
10												N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER
11												N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER
12												N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER
13												N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER
14												N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER

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				42		↔		42		<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 management team Crystal. Once inside, she took me down to the source floor, which was on the third floor broken pipe in the ceiling. The floor is saturated upstairs. Some area got into a carpet which will be extracted. Also, the bathroom was affected and a Changing room. Second floor wasn't affected and first floor was affected. We have affected walls. We have affected carpet standing waters about a quarter inch in multiple rooms on the first floor. Plan of attack is extraction of all first floor carpet for the time being customer is requesting not to pull base boards, and not to proceed with any demo. we are dropping equipment and extracting water.