SIMPSON 052317

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PERSONNEL TRACKING CEDIVICE TYPE (DECTORATION)



SERVICE									TUKAT											PROPERTYRESTORATION		
<u></u>		W VERIFIER LINE # 1 INITIALS MM JOB NUMBER-COMPLETE							LOSS CAUSE		ODE LOCATION				WEATHE	R	Maria	JOB STATU		CODE	VEHICLE NAMI	E (TABLE)
DOC# TRONIC	START DATE	START DAY	101 108171					FIRE		L00	L00			_ [HUMID		New	Ш	RETURN	529	PICKUP, SUV OR	CAR
DOC CTRO	1/18/24	Thursd a y	Thursday JOB NAME						WATER/FLOOD		Site				TEMP	l0 On	going	Date -	Tbd	530	VAN, PASSENGER	≀/CARGO
PTS I	STOP DATE	END DAY AON						WIND	L02	L02				SNOW		Comp	Time -		518	TRUCK-MOVING/	'BOX/BOARD UP	
	1/18/24	Thursday	JOB ADDRESS					MOLI	D	L03					RAIN				(in description)	523	TRUCK, 3/4 TON	PICKUP
CREW SHEET# 200 E Randolph St								EART	L04					WINDY Hold (explain why				in description)	527	TRUCK, 1 TON 4X	(4 W/LIFTGATE	
LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE Chicago IL							L05					Other					453	TRUCK, EXTRACT	ION			
AON - 11824 - 985 SAFETY TOPIC COMPLETED?							L06				_ [Co	Contact:			N/A	NO VEHICLE				
AON 11024 70			Ceiling cave	in's	COMPLETED?]									Lo	kbox	/ Other Code	e:		TAL CARS: EHICLE CODE AND) CHECK BOX
		PERSONNE	L NAME		24 HOUR CLO			TOTAL HOURS	z		HOURE	S	Т		SEE	GUIDE SHI	ET	≥ SEE TABLE			ONNEL NAME	CHECK BOX
OFFICE	ID#	CLEARLY PRINT YOUR NAME HELPS ENSURE THE CORRECT PERSON IS PAID FOR HOURS WORKED. AN ILLEGIBLE NAME MAY RESULT IN UNTIN		INAIL	24 HOUR	START TIME	24 HOUR	CONFIRM HOURS		PHASE CODE	BA	1ALL TOOL E	E P - FIT TEST	NESS	5 I		OTEL		YOUR SIGNA	SIGNATURE REPRESENTS THE APPROVAL TO PAY YOUR TED HOURS WORKED. A LACK OF SIGNATURE MAY RESULT		
			NO PAY		START TIME		STOP TIME	BY PERSON						HAF	R CO		OOM #	KA CODE	DOCOMENTED!	IN UNT	MELY OR NO PAY	TORE WITH RESOLU
1		PRINT FIRST <u>THE</u>	<u>N</u> LAST NAME		TIIVIL	STOP TIME	TIIVIL	BY OTHER				SMAI	PRP	PFP	RA CO		"		S	GNATU	RE- END OF SH	HIFT VERIFIER
1011	₀₁₁ 1715985 Maurili		Auñoz Jr		1130	1200	1700	5.00	L01	EME	5.00	N N	1 N	N	N Na	$a \mid N$	Ja	N 530 RENTA				Mm
2					1200			5.00	L01	EME	5.00	++		Н			_	. N/A	AL .			VERIFIER
1011	707	Liz forero			1130	1230	1700	3.00	LOT		N N		ı N	N	$N \mid N$	a N	Ja	N RENTA	AL	Mm		
3	1 707 David Osor				1120	1200	1700	5.00	L01	EME	5.00	NI N	N N	N	N XI	_ \	T_	N/A				VERIFIER
1011	707	David C	JSO 110		1130	1230	1700					IN I	1 11	IN	N	a r	Va	RENTA	AL	Mm		
1011	707	Osca r Mendez			1130	1200	1700	5.00	L01	EME	5.00	N N	N N	N	N Na	a N	Ja	N/A	_			VERIFIER
1011	707	Osca i Wichidez			1130	1230	1700	7.00	104				11	Н	11	a 1	va		AL .			Mm VERIFIER
1011	707	Ce sa r ponte			1130	1200	1700	5.00	L01	EME	5.00	N N	N N	N	$N \mid N$	a N	Ja	N N/A RENTA				Mm
6						1200		5.00	L01	EME	5.00		+					NI/A	1			VERIFIER
1011	707	John ponte			1130	1230	1700	3.00	201		3.00	NN	N N	N	$N \mid N$	a N	Ja	N RENTA	AL			Mm
7												NI N	I N	N	N			N				VERIFIER
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		PLEASE COMPLETE ALL REQUESTS BELOW	FUE FORM VERIFIED DEVIEW I	THE FORM	COD COMPLET	IONO T		TVERIFY TOTAL HRS		VERIFY TOTAL HRS					VERIFICATION OF PTS DATA STEP 5 - DOES THE PTS COVER:				APPRO	APPROVER SIGNATURE TO VERIFY FORM IS COMPLETED STEP 6-APPROVER SIGNATURE		
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							30	THESE TW SHOULD	MATCH			+	□w		WHER		WHEN	+				
Jordan Hankey INCLUDING TOP SECTION OF FORM										\longrightarrow	5 1 271			RK DESC	DESC: WHAT WHERE WHY HO				N	Jordi	en Hanke	y
WORK DE	SCRIPTION: BASED	ON LOCATION(S) WORKED AN	D PHASE CODE(S), PLEASE D	ESCRIBE W	HAT WORK TH	HE CREW PERF	ORMED													/		
Got	a call for	this emergeno	cy. I me t with	Se a	n Case	y. I ha	d gav	e Matt a	a call	the	guy in	ı cł	aı	ge	ofb	uildi	ng.	We w	ere the	re ju	st to se	tup
			•			•	•			`	• •			•			_			•		-
equipment that's it. Once he gave me the walk-through, I executed a plan to start setting up equipment. Not only did I set up equipment																						
also set up lay flat to extend Equipment to a further place. Materials used were roll of tape and some lay flat.																						
FORMAL		CHECK BOY AND ENTER OF	LANITITY FOR A SO SO	CEC L C	LIDED WITT	THE CHEST	. г	TNONE		05.54	<u></u>	1	$\overline{}$	1	- 0405 5	$\overline{}$					$\overline{}$	
FORM V	EKIFIER-PLEASE	CHECK BOX AND ENTER QU	ANTITY FOR A E& PA	iges i Cl	שאטט. WITH	THIS SHEET	L	NONE	Ш	OF PA	ot	1	L] # Ul	PAGE 5			RECIEF	PT TRACKING	FORMS		

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