

PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)



PTS DOC# ELECTRONIC	FORM VERIFIER LINE # 1		INITIALS Am	JOB NUMBER-COMPLETE		LOSS CAUSE		CODE	LOCATION	WEATHER		JOB STATUS		CODE VEHICLE NAME (TABLE)	
	START DATE		START DAY		101108129		<input type="checkbox"/> FIRE		L00	Job site	<input type="checkbox"/> HUMID		New <input type="checkbox"/>	RETURN	
	12/29/23		Friday				<input type="checkbox"/> WATER/FLOOD		L01		<input type="checkbox"/> TEMP 29		Ongoing <input type="checkbox"/>	Date - <input type="text"/>	
	STOP DATE		END DAY		JOB NAME		<input type="checkbox"/> WIND		L02		<input type="checkbox"/> SNOW		Comp <input type="checkbox"/>	Time - <input type="text"/>	
	12/29/22		Friday		Uniqlo 12/29		<input type="checkbox"/> MOLD		L03		<input type="checkbox"/> RAIN		Hold <input type="checkbox"/>	(explain why in description)	
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"/>	
QLO - 122923 - 35				22 N StateSt Chicago IL		<input type="checkbox"/>		L05		<input type="checkbox"/>		Lockbox / Other Code: <input type="text"/>		FOR RENTAL CARS: FILL IN VEHICLE CODE AND CHECK BOX	
				SAFETY TOPIC Ppe		TOOL BOX TRAINING COMPLETED? <input type="checkbox"/> <input type="checkbox"/>		L06		<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	PPF - 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		START TIME	START TIME		STOP TIME									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	
		PRINT FIRST <u>THEN</u> LAST NAME			STOP TIME	BY OTHER																
					SIGNATURE-END OF SHIFT																	
1	1011	1786035	Alex morales		1030	1200	1630	5.50	L01	JBC	5.50	N	N	N	N	N	Na	Na	N	530	VERIFIER	
						1230													<input type="checkbox"/> RENTAL	Am		
2	1011	707	Michael Mendez		1030	0	1700	6.50	L01	JBC	6.50	N	N	N	N	N	Na	Na	N	N/A	VERIFIER	
						0													<input type="checkbox"/> RENTAL	Am		
3	1011	707	Oscar mendez		1030	0	1700	6.50	L01	JBC	6.50	N	N	N	N	N	Na	Na	N	N/A	VERIFIER	
						0													<input type="checkbox"/> RENTAL	Am		
4												N	N	N	N	N			N		VERIFIER	
																			<input type="checkbox"/> RENTAL			
5												N	N	N	N	N			N		VERIFIER	
																			<input type="checkbox"/> RENTAL			
6												N	N	N	N	N			N		VERIFIER	
																			<input type="checkbox"/> RENTAL			
7												N	N	N	N	N			N		VERIFIER	
																			<input type="checkbox"/> RENTAL			
8												N	N	N	N	N			N		VERIFIER	
																			<input type="checkbox"/> RENTAL			
9												N	N	N	N	N			N		VERIFIER	
																			<input type="checkbox"/> RENTAL			
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					18.5		↔		18.5		<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 & met with manager. I got a work authorization signed, and went to check out the affected area. There is a leak in the kids section coming from the ceiling. It affected the ceiling and floor below, no walls are affected. They installed a diverter for the water. Which is leaking into a bucket. Recommended installing at least one dehumidifier & one air mover to stabilize drywall on the ceiling for time being. Could possibly dry in place with lay flat. Spoke with Joel & we are unable to set equipment. All that was asked is to secure the diverter with more white tape once finished spoke with Joel and returned to shop.