

# PERSONNEL TRACKING SERVICE TYPE (RESTORATION)



PTS DOC # _ELECTRONIC	FORM VERIFIER LINE #		INITIALS	JOB NUMBER-COMPLETE		LOSS CAUSE		CODE	LOCATION	WEATHER	JOB STATUS		CODE	VEHICLE NAME (TABLE)
	START DATE	START DAY		JOB NAME		FIRE		L00		HUMID	New	RETURN	529	PICKUP, SUV OR CAR
	STOP DATE	END DAY		JOB ADDRESS		WATER/FLOOD		L01		TEMP	Ongoing	Date -	530	VAN, PASSENGER/CARGO
	CREW SHEET# LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE		SAFETY TOPIC		TOOL BOX TRAINING COMPLETED? Y N		WIND		L02		SNOW	Comp	Time -	518
						MOLD		L03		RAIN	Hold	(explain why in description)	523	TRUCK, 3/4 TON PICKUP
						EARTHQUAKE		L04		WINDY	Other		527	TRUCK, 1 TON 4X4 W/LIFTGATE
								L05			Contact:		453	TRUCK, EXTRACTION
								L06			Lockbox / Other Code:		N/A	NO VEHICLE
													FOR RENTAL CARS: FILL IN VEHICLE CODE AND CHECK BOX	

OFFICE	ID#	PERSONNEL NAME <small>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</small> PRINT FIRST THEN LAST NAME	RATE CLASS	24 HOUR CLOCK			TOTAL HOURS <small>CONFIRM HOURS BY PERSON BY OTHER</small>	LOCATION CODE	PHASE CODE	HOURS BY PHASE	SEE GUIDE SHEET					SEE TABLE		PERSONNEL NAME
				24 HOUR	LUNCH	24 HOUR					HOTEL NAME CODE	HOTEL ROOM #	SHARE ROOM	VEHICLE CODE				
				START TIME	START TIME	STOP TIME												
1											N	N	N	N	N		N	VERIFIER
2											N	N	N	N	N		N	VERIFIER
3											N	N	N	N	N		N	VERIFIER
4											N	N	N	N	N		N	VERIFIER
5											N	N	N	N	N		N	VERIFIER
6											N	N	N	N	N		N	VERIFIER
7											N	N	N	N	N		N	VERIFIER
8											N	N	N	N	N		N	VERIFIER
9											N	N	N	N	N		N	VERIFIER
10											N	N	N	N	N		N	VERIFIER
11											N	N	N	N	N		N	VERIFIER
12											N	N	N	N	N		N	VERIFIER
13											N	N	N	N	N		N	VERIFIER
14											N	N	N	N	N		N	VERIFIER

RESPONSIBILITY OF APPROVER: PLEASE COMPLETE ALL REQUESTS BELOW

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 INCLUDING TOP SECTION OF FORM

Y

N

STEP 3-TOTAL HRS

THESE TWO TOTALS SHOULD MATCH

STEP 4-PHASE HRS

VERIFICATION OF PTS DATA

APPROVER SIGNATURE TO VERIFY FORM IS COMPLETED

STEP 5 - DOES THE PTS COVER:

WHO

WHERE

WHEN

WORK DESC:

WHAT

WHERE

WHY

HOW

STEP 6-APPROVER SIGNATURE

WORK DESCRIPTION: BASED ON LOCATION(S) WORKED AND PHASE CODE(S), PLEASE DESCRIBE WHAT WORK THE CREW PERFORMED

FORM VERIFIER-PLEASE CHECK BOX AND ENTER QUANTITY FOR ALL E&C PAGES INCLUDED WITH THIS SHEET

NONE

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# OF PAGE 5

RECIPT TRACKING FORMS