

PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)



PTS DOC#
ELECTRONIC

FORM VERIFIER LINE # 1
INITIALS Da
JOB NUMBER-COMLETE
101108493
JOB NAME
2626 N Lakeview Ave
JOB ADDRESS
2626 N LakeviewA ve
Chicago IL
SAFETY TOPIC
PPE
TOOL BOX TRAINING COMPLETED? ☐ ☐

START DATE
9/3/24
STOP DATE
9/3/24
START DAY
Tuesday
END DAY
Tuesday

CREW SHEET#
LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE
AVE - 90324 - 902

LOSS CAUSE
☐ FIRE
☐ WATER/FLOOD
☐ WIND
☐ MOLD
☐ EARTHQUAKE
☐
☐

CODE
L00
L01
L02
L03
L04
L05
L06

LOCATION
Site

WEATHER
☐ HUMID
☐ TEMP 66
☐ SNOW
☐ RAIN
☐ WINDY
☐
☐

JOB STATUS
New ☐
Ongoing ☐
Comp ☐
Hold ☐
Other ☐
Contact:
Lockbox / Other Code:

RETURN
Date -
Time -
(explain why in description)

CODE VEHICLE NAME (TABLE)
529 PICKUP, SUV OR CAR
530 VAN, PASSENGER/CARGO
518 TRUCK-MOVING/BOX/BOARD UP
523 TRUCK, 3/4 TON PICKUP
527 TRUCK, 1 TON 4X4 W/LIFTGATE
453 TRUCK, EXTRACTION
N/A NO VEHICLE
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			START TIME	LUNCH START TIME STOP 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 THEN LAST NAME						BY OTHER															
		SIGNATURE-END OF SHIFT																					
1	1011	1907902	Dylan Archer		700	1200 1230	1915	11.75	L00	DMO	11.75	N	N	N	N	N	Na	Na	N	518 <input type="checkbox"/> RENTAL		VERIFIER Da	
2	1011	707	Jo se Lopez		700	1200 1230	1915	11.75	L00	DMO	11.75	N	N	N	N	N	Na	Na	N	N/A <input type="checkbox"/> RENTAL		VERIFIER Da	
3	1011	707	Antonio lopez		700	1200 1230	1915	11.75	L00	DMO	11.75	N	N	N	N	N	Na	Na	N	N/A <input type="checkbox"/> RENTAL		VERIFIER Da	
4	1011	1914491	CJ Tulk		1100	1200 1230	1915	7.75	L00	DMO	7.75	N	N	N	N	N	Na	Na	N	530 <input type="checkbox"/> RENTAL		VERIFIER Da	
5	1011	707	Ruben Guerrero		1100	1200 1230	1915	7.75	L00	DMO	7.75	N	N	N	N	N	Na	Na	N	N/A <input type="checkbox"/> RENTAL		VERIFIER Da	
6												N	N	N	N	N			N	<input type="checkbox"/> RENTAL		VERIFIER	
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

STEP 1-PRINT APPROVER NAME
Jordan Hankey

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

STEP 3-TOTAL HRS
50.75

THESE TWO TOTALS SHOULD MATCH
↔

STEP 4-PHASE HRS
50.75

STEP 5 - DOES THE PTS COVER:
WHO WHERE WHEN
WORK DESC: WHAT WHERE WHY HOW

STEP 6-APPROVER SIGNATURE
Jordan Hankey

VERIFICATION OF PTS DATA

APPROVER SIGNATURE TO VERIFY FORM IS COMPLETED

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

Special Notes
Water stains on affected ceilings
Lakeview Room
Tested for moisture
Found moisture in the floor (hardwood)
2 layers of hardwood floor need to be removed
Removed the first layer of affected flooring (hardwood)
Still needs 2nd layer of flooring (hardwood) removed
Reset equipment
More demo is needed in this room
Lakeview Room Kitchen
Tested for moisture
Found moisture in the floor (tile)
Found moisture in the kitchen sink (cabinet)
Recommend removal of affected floor tile
Recommend removal of affected cabinet
Reset equipment
Storage Room

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

NONE

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RECIEPT TRACKING FORMS