

PERSONNEL TRACKING  
SERVICE TYPE (RESTORATION)



PTS DOC# - ELECTRONIC	FORM VERIFIER LINE # 1		INITIALS CE	JOB NUMBER-COMPLETE	
	START DATE		START DAY	101107060	
	11/7/21		Sunday	JOB NAME	
	STOP DATE		END DAY	PARK ASTOR CONDOS	
	11/7/21		Sunday	JOB ADDRESS	
CREW SHEET# LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE				1515 N Astor St. Chicago IL	
DOS - 110721 - 8				SAFETY TOPIC Back Safety	
				TOOL BOX TRAINING COMPLETED? <input type="checkbox"/> <input type="checkbox"/>	

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

CODE  
L00  
L01  
L02  
L03  
L04  
L05  
L06

LOCATION  
Site

☐ HUMID  
☐ TEMP 60  
☐ SNOW  
☐ RAIN  
☐ WINDY  
☐  
☐

WEATHER

Job Status

New ☐ RETURN  
Ongoing ☐ Date -   
Comp ☐ Time -   
Hold ☐ (explain why in description)  
Other   
Contact:   
Lockbox / Other Code:

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	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		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	1519008	Caleb Edwards		1030	1200	1630	5.50	L00	EME	5.50	N	N	N	N	N	N/a	N/a	N	527		VERIFIER
						1230													<input type="checkbox"/> RENTAL		CE	
2	1011	1701531	Omar Lopez		1030	1200	1630	5.50	L00	EME	5.50	N	N	N	N	N	N/a	N/a	N	N/A		VERIFIER
						1230													<input type="checkbox"/> RENTAL		CE	
3	1011	707	Pedro Forrero		1030	1200	1530	4.50	L00	EME	4.50	N	N	N	N	N	N/a	N/a	N	N/A		VERIFIER
						1230													<input type="checkbox"/> RENTAL		CE	
4	1011	707	Edgar Camacho		1030	1200	1530	4.50	L00	EME	4.50	N	N	N	N	N	N/a	N/a	N	N/A		VERIFIER
						1230													<input type="checkbox"/> RENTAL		CE	
5	1011	707	Manuel Lopez		1030	1200	1530	4.50	L00	EME	4.50	N	N	N	N	N	N/a	N/a	N	N/A		VERIFIER
						1230													<input type="checkbox"/> RENTAL		CE	
6	1011	707	Mateo Laverde		1030	1200	1530	4.50	L00	EME	4.50	N	N	N	N	N	N/a	N/a	N	N/A		VERIFIER
						1230													<input type="checkbox"/> RENTAL		CE	
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					29		↔		29		<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 chief engineer Kevin, got work authorization signed

Water from minor pipe burst affected a few units, may be more units affected tomorrow when they turn the water back on

Unit 19A \*(high end unit, gentleman is part owner of Chicago White Sox)\* Minor damage in rec room, wet carpet and one portion of the wall is wet. Extracted carpet and sprayed anti microbial. Set up air movers and a dehumidifier.

Unit 16A more affected than unit 19A, affected wood flooring with elevated moisture readings, and is beginning to lift in certain areas. I do not think a floor drying system is going to help this kind of flooring. Will check again tomorrow but may need to be removed. Small area of drywall in the bathroom is reading wet. There is wallpaper throughout the entire bathroom. Rec room has affected drywall and flooring. The coat room had the most water, affected drywall, ceiling drywall and flooring. Sprayed anti microbial and set up a dehumidifier and air movers.

Unit 12B bathroom, affected drop down ceiling drywall reading saturated, tile in the shower is reading wet as well as the tile flooring. Set up an air mover and dehumidifier. Sprayed anti microbial

Recommend we return tomorrow to check units, they are having the pipe fixed tomorrow so there may be a chance more become affected. Once we see the extent of damage tomorrow I will write my recommendations as far as demo. Since this is a clean water loss and there are higher end materials, I will try to minimize the amount of demo without cutting any corners.

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

☐ NONE

☐ OF PAGE

☐ # OF PAGE 5

☐ RECEIPT TRACKING FORMS