

PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)



PTS DOC # - ELECTRONIC	FORM VERIFIER LINE # 1		INITIALS Jt	JOB NUMBER-COMplete	
	START DATE		START DAY	101108153	
	1/22/24		Monday	JOB NAME	
	STOP DATE		END DAY	Briarbrook Apartments 1051	
	1/22/24		Monday	JOB ADDRESS	
CREW SHEET# LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE				1051 BriarbrookDr WheatonIL	
NTS - 12224 - 550				SAFETY TOPIC PPE	
				TOOL BOX TRAINING COMPLETED? <input type="checkbox"/> <input type="checkbox"/>	

LOSS CAUSE	CODE	LOCATION	WEATHER	JOB STATUS	CODE	VEHICLE NAME (TABLE)
<input type="checkbox"/> FIRE	L00	Site	<input type="checkbox"/> HUMID	New <input type="checkbox"/>	RETURN	529 PICKUP, SUV OR CAR
<input type="checkbox"/> WATER/FLOOD	L01		<input type="checkbox"/> TEMP 6	Ongoing <input type="checkbox"/>	Date -	530 VAN, PASSENGER/CARGO
<input type="checkbox"/> WIND	L02		<input type="checkbox"/> SNOW	Comp <input type="checkbox"/>	Time -	518 TRUCK-MOVING/BOX/BOARD UP
<input type="checkbox"/> MOLD	L03		<input type="checkbox"/> RAIN	Hold <input type="checkbox"/>	(explain why in description)	523 TRUCK, 3/4 TON PICKUP
<input type="checkbox"/> EARTHQUAKE	L04		<input type="checkbox"/> WINDY	Other		527 TRUCK, 1 TON 4X4 W/LIFTGATE
<input type="checkbox"/>	L05		<input type="checkbox"/>	Contact:		453 TRUCK, EXTRACTION
<input type="checkbox"/>	L06		<input type="checkbox"/>	Lockbox / Other Code:		N/A NO VEHICLE

OFFICE	ID#	PERSONNEL NAME	RATE CLASS	24 HOUR CLOCK			TOTAL HOURS	LOCATION CODE	PHASE CODE	HOURS BY PHASE	SMALL TOOLS					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	STOP TIME																
		PRINT FIRST <u>THEN</u> LAST NAME		START TIME	STOP TIME	STOP TIME													SIGNATURE-END OF SHIFT			
1	1011	1818550		Jt stryszyk		1230	0	2130	9.00	L00	WTR	9.00	N	N	N	N	N	N/A	N/A	N	530	VERIFIER
							0											N/A	N/A	N	<input type="checkbox"/> RENTAL	Jt
2	1011	707		Se bastian flores		1230	0	1700	4.50	L00	WTR	4.50	N	N	N	N	N	N/A	N/A	N	N/A	VERIFIER
							0											N/A	N/A	N	<input type="checkbox"/> RENTAL	Jt
3													N	N	N	N	N			N	<input type="checkbox"/> RENTAL	VERIFIER
4													N	N	N	N	N			N	<input type="checkbox"/> RENTAL	VERIFIER
5													N	N	N	N	N			N	<input type="checkbox"/> RENTAL	VERIFIER
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				↑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		13.5		↔		13.5		<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

I had to grab keys from the office . When we got to the building I checked the moisture readings in the hall close t, boiler room and the hall. The only place that was still reading 99 was the hall. I had David sign the liability form and we pulled the equipment out of those 3 areas. 104: was all dry so I took dry proof pictures and Se bastian loaded up the equipment in the van. 102: everything was dry in here except for the partition in the dining room and the wall that backs up to the hallway. I had David sign a liability form because he wanted the equipment out of the unit. I then took dry proof pictures and pulled the equipment. 101: the partition in the dining room and the wall that backs up to the hallway was still sa turated and David wanted the equipment gone so I had him sign a liability form for this unit as well. After we loaded up the van I went back to the leasing office to drop off the keys and talked to the manager about everything that we did. Then I had David sign the certificate of completion. We then went back to the shop where we unloaded the van. Se bastian cleaned equipment while I did paperwork. I then did the moisture maps for each unit.

FORM VERIFIER-PLEASE CHECK BOX AND ENTER QUANTITY FOR A E& PAGES I CLUDED WITH THIS SHEET ☐ NONE ☐ OF PAGE ☐ # OF PAGE 5 ☐ RECIEPT TRACKING FORMS ☐