

PERSONNEL TRACKING
SERVICE TYPE (RESTORATION)



PTS DOC#
ELECTRONIC

FORM VERIFIER LINE # 1
INITIALS Da
START DATE 9/6/24
STOP DATE 9/6/24
START DAY Friday
END DAY Friday

CREW SHEET#
LAST 3 LETTERS OF JOB NAME-6 DIGIT DATE-LAST 3 #'S OF VERIFIERS JDE
IEW - 90624 - 902

JOB NUMBER-COMPLETE
101108460
JOB NAME
2626 N Lakeview
JOB ADDRESS
2626 N LakeviewA ve
Chicago IL
SAFETY TOPIC
BOOTS
TOOL BOX TRAINING COMPLETED? ☐ ☐

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

CODE
L00
L01
L02
L03
L04
L05
L06

LOCATION
Site

WEATHER
☐ HUMID
☐ TEMP 68
☐ SNOW
☐ RAIN
☐ WINDY
☐
☐

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

RETURN
Date -
Time -
(explain why in description)

CODE
529
530
518
523
527
453
N/A

VEHICLE NAME (TABLE)
PICKUP, SUV OR CAR
VAN, PASSENGER/CARGO
TRUCK-MOVING/BOX/BOARD UP
TRUCK, 3/4 TON PICKUP
TRUCK, 1 TON 4X4 W/LIFTGATE
TRUCK, EXTRACTION
NO VEHICLE

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			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		
		PRINT FIRST THEN LAST NAME			START TIME	STOP TIME	STOP TIME	BY OTHER															
1	1011	1907902	Dylan Archer		700	1200 1230	1815	10.75	L00	DMO	10.75	N	N	N	N	N	Na	Na	N	518 <input type="checkbox"/> RENTAL		VERIFIER Da	
2	1011	707	Antonio lopez		700	1200 1230	1815	10.75	L00	DMO	10.75	N	N	N	N	N	Na	Na	N	N/A <input type="checkbox"/> RENTAL		VERIFIER Da	
3	1011	707	Jo se Lopez		700	1200 1230	1815	10.75	L00	DMO	10.75	N	N	N	N	N	Na	Na	N	N/A <input type="checkbox"/> RENTAL		VERIFIER Da	
4	1011	707	Jo nathan Ortega		700	1200 1230	1815	10.75	L00	DMO	10.75	N	N	N	N	N	Na	Na	N	N/A <input type="checkbox"/> RENTAL		VERIFIER Da	
5	1011	707	Freddy za pata		700	1200 1230	1815	10.75	L00	DMO	10.75	N	N	N	N	N	Na	Na	N	N/A <input type="checkbox"/> RENTAL		VERIFIER Da	
6	1011	707	Pe dro Forero		700	1200 1230	1815	10.75	L00	DMO	10.75	N	N	N	N	N	Na	Na	N	N/A <input type="checkbox"/> RENTAL		VERIFIER Da	
7	1011	707	Esp eranza Oso rio		700	1200 1230	1815	10.75	L00	DMO	10.75	N	N	N	N	N	Na	Na	N	N/A <input type="checkbox"/> RENTAL		VERIFIER Da	
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
75.25

THESE TWO TOTALS SHOULD MATCH

STEP 4-PHASE HRS
75.25

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
CAT 3 water loss
Unless all originally and currently affected building materials are not removed we need a release of liability form
Current Unit Status
Units complete (no more work needed)
Units complete waiting for rebuild to complete demo of other bathroom
Units waiting for demo
Units waiting for approval
Units in question (possibly going with insurance)
Unit 1301 (Source Unit)
Not visited today
No further work is needed
No equipment in unit
Unit 1201
Not visited today
Recommen d master bathroom demo after the guest bathroom is rebuilt. (Unit is occupied a usa ble restroom is required)
Equipment in unit until demo is fully complete

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

SIMPSON 052317

PAGE 1