PERSONNEL TRACKING

SERVICE TYPE (CONTENTS DOCUMENTS)

BELFOR PROPERTY RESTORATION

PTS DOC # CN412428

FORM VERIFIER IS ON LINE # 1 — INITIALS DAS

START DATE 10-27-2018 — CIRCLE DAY M T W TH F SA SU

STOP DATE 10-27-2018 — CIRCLE DAY M T W TH F SA SU

CREW SHEET# (LAST 3 DIGITS OF JOB-6 DIGIT DATE-(ADMIN ONLY))

JOB NUMBER-COMPLETE 11350 2575

JOB NAME Savannah Hilton Head Airport

JOB ADDRESS 400 Airway Ave Savannah, GA

SAFETY TOPIC

TOOL BOX TRAINING COMPLETED? ☐Y☐N

LOSS CAUSE	CODE	LOCATION	WEATHER
☐ FIRE	L00	RESIDENTIAL ALL	☐ HUMID
☐ WATER/FLOOD	L01		☑ TEMP 75
☐ WIND	L02		☐ SNOW
☑ MOLD	L03		☐ RAIN
☐ EARTHQUAKE	L04		☐ WINDY
☐	L05		☐
☐	L06		☐

RATE CLASS EXAMPLES	
TN	TECHNICIAN
TS	TECHNICAL SPECIALIST
TL	TEAM LEADER
TSE	TECHNICAL SUPPORT ENG.
LF	LABOR FOREMAN
GL	GENERAL/SKILLED BELFOR TRAINED
DL	DAY/TEMP LABOR

CODE	VEHICLE NAME (TABLE)
529	PICKUP, SUV OR CAR
530	VAN, PASSENGER/CARGO
516	TRUCK-MOVING/BOX/BOARD UP
528	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

SHIFT PM

PHASE CODE EXAMPLES: APP-APPLIANCES /BOX-CLEANING OF BOXES /CEL-CONTENT CLNG /CGN-GENERAL CONTENTS /CHF-CONTENT CLNG-HARD FURNITURE /CIN-CARTAGE IN /COL-CLEAN ON LOCATION /CON-CONTENT MANIPULATION /CDU-CARTAGE OUT /CPS-CONTENT PACK-HAND-STORAGE /CUP-CLEANING UPHOLSTERY /DCL-DRY CLEANING /DCR-DOCUMENTS /HFC-HARD FURNITURE /JBC-JOB CHECK-PHOTOS /JSS-JOB SUPPORT SUPERVISION /OFF-OFFICE /ADM-ADMINISTRATION /OZO-OZONE /SAL-SALES /SBT-STAND BY TIME /SCC-STEAM CLEAN CARPET /TSH-TRASH /TVL-TRAVEL

OFFICE	ID#	PERSONNEL NAME (CLEARLY PRINTING YOUR NAME HELPS ENSURE THE CORRECT PERSON IS BEING PAID FOR HOURS WORKED. AN ILLEGIBLE NAME MAY RESULT IN UNTIMELY OR NO PAY) PRINT FIRST THEN LAST NAME	RATE CLASS	24 HOUR CLOCK MILITARY START TIME	LUNCH START TIME / STOP TIME	MILITARY STOP TIME	TOTAL HOURS (CONFIRM HOURS BY PERSON / BY MANAGER)	LOCATION CODE	PHASE CODE	HOURS BY PHASE	SMALL TOOLS	PPE	PRE-HIT TEST	PPE-AWARE	PER DIEM	SEE GUIDE SHEET HOTEL NAME CODE	HOTEL ROOM #	SHARE ROOM	SEE TABLE VEHICLE CODE	PERSONNEL NAME (YOUR "FOR DIGITAL" SIGNATURE REPRESENTS THE APPROVAL TO PAY YOUR DOCUMENTED HOURS WORKED. A LACK OF SIGNATURE MAY RESULT IN UNTIMELY OR NO PAY) SIGNATURE-END OF SHIFT
01	1135	1704466	Donald Jones	RS	1300	X	1700	4	L00	EQP	4	Y	Y	Y	Y	Y	N/A	Y	538 RENTAL☐	VERIFIER
02												Y	Y	Y	Y	Y		Y	RENTAL☐	VERIFIER
03												Y	Y	Y	Y	Y		Y	RENTAL☐	VERIFIER
04												Y	Y	Y	Y	Y		Y	RENTAL☐	VERIFIER
05												Y	Y	Y	Y	Y		Y	RENTAL☐	VERIFIER
06												Y	Y	Y	Y	Y		Y	RENTAL☐	VERIFIER
07												Y	Y	Y	Y	Y		Y	RENTAL☐	VERIFIER
08												Y	Y	Y	Y	Y		Y	RENTAL☐	VERIFIER
09												Y	Y	Y	Y	Y		Y	RENTAL☐	VERIFIER
10												Y	Y	Y	Y	Y		Y	RENTAL☐	VERIFIER
11												Y	Y	Y	Y	Y		Y	RENTAL☐	VERIFIER

RESPONSIBILITY OF MANAGER: PLEASE COMPLETE ALL REQUESTS BELOW

STEP 1-PRINT MANAGER NAME

STEP 2-DID THE FORM VERIFIER REVIEW THIS FORM FOR COMPLETION? ☐Y ☐N IF "N", YOU MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES INCLUDING TOP SECTION OF FORM

STEP 3-TOTAL HRS (VERIFY TOTAL HRS) 4 — THESE TWO TOTALS SHOULD MATCH — STEP 4-PHASE HRS (VERIFY TOTAL HRS) 4

STEP 5-DOES THE PTS COVER: WHO☐WHEN☐WHERE☐ WORK DESC: WHAT☐WHERE☐WHY☐HOW☐ (VERIFICATION OF PTS DATA)

STEP 6-MANAGER SIGNATURE (MANAGER'S SIGNATURE TO VERIFY FORM IS COMPLETED)

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

Met with facilities manager about concerns
Sprayed Shockwave on visible mold and wiped off excess
Installed 2 air scrubbers

FORM VERIFIER-PLEASE CHECK BOX AND ENTER QUANTITY FOR ALL EBC PAGES INCLUDED WITH THIS SHEET- ☐NONE ☐PAGE 3- # OF PAGES_____ ☐PAGE 4- # OF PAGES_____ ☐PAGE 5- # OF PAGES_____ ☐# OF RECEIPT FORMS_____

V033114.A

Staffzone

PERSONNEL TRACKING

SERVICE TYPE (CONTENTS DOCUMENTS)

BELFOR PROPERTYRESTORATION

PTS DOC # CN412041

FORM VERIFIER IS ON — LINE # — INITIALS

START DATE: 11/1/18 — CIRCLE DAY: M T W Th F SA SU

STOP DATE: 11/1/18 — CIRCLE DAY: M T W Th F SA SU

CREW SHEET#: 575 - 110118 -

JOB NUMBER-COMPLETE: 113502575

JOB NAME: Savannah Airport - Mold

JOB ADDRESS:

SAFETY TOPIC: PPE

TOOL BOX TRAINING COMPLETED? ☐Y ☐N

LOSS CAUSE	CODE	LOCATION	WEATHER
☐ FIRE	L00	RESIDENTIAL ALL	☐ HUMID
☐ WATER/FLOOD	L01		☐ TEMP
☐ WIND	L02		☐ SNOW
☑ MOLD	L03		☐ RAIN
☐ EARTHQUAKE	L04		☐ WINDY
☐	L05		☐
☐	L06		☐

RATE CLASS EXAMPLES	
TN	TECHNICIAN
TS	TECHNICAL SPECIALIST
TL	TEAM LEADER
TSE	TECHNICAL SUPPORT ENG.
LF	LABOR FOREMAN
GL	GENERAL/SKILLED BELFOR TRAINED
DL	DAY/TEMP LABOR

CODE	VEHICLE NAME (TABLE)
529	PICKUP, SUV OR CAR
530	VAN, PASSENGER/CARGO
518	TRUCK-MOVING/BOX/BOARD UP
528	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

SHIFT: AM/PM

PHASE CODE EXAMPLES: APP-APPLIANCES /BOX-CLEANING OF BOXES /CEL-CONTENT CLNG /CGN-GENERAL CONTENTS /CHF-CONTENT CLNG-HARD FURNITURE /CIN-CARTAGE IN /COL-CLEAN OR LOCATION /CON-CONTENT MANIPULATION /COU-CARTAGE OUT /CPS-CONTENT PACK-HAND-STORAGE /CUP-CLEANING UPHOLSTERY /DCL-DRY CLEANING /DCR-DOCUMENTS /HFC-HARD FURNITURE /IBC-JOB CHECK-PHOTOS /JSS-JOB SUPPORT SUPERVISION /OFF-OFFICE ADMINISTRATION /OZO-OZONE /SAL-SALES /SBT-STAND BY TIME /SCC-STEAM CLEAN CARPET /TSH-TRASH /TVL-TRAVEL

#	TO#	PERSONNEL NAME (CLEARLY PRINTING YOUR NAME HELPS ENSURE THE CORRECT PERSON IS BEING PAID FOR HOURS WORKED. AN ILLEGIBLE NAME MAY RESULT IN UNTIMELY OR NO PAY) PRINT FIRST THEN LAST NAME	RATE CLASS	24 HOUR CLOCK MILITARY START TIME	LUNCH START TIME / STOP TIME	MILITARY STOP TIME	TOTAL HOURS (CONFIRM HOURS BY PERSON / BY MANAGER)	LOCATION CODE	PHASE CODE	HOURS BY PHASE	SMALL TOOLS	PPE	PRE-FIT TEST	PPE-HARNESS	PER DIEM	HOTEL NAME CODE (SEE GUIDE SHEET)	HOTEL ROOM #	SHARE ROOM	VEHICLE CODE (SEE TABLE)	PERSONNEL NAME / SIGNATURE-END OF SHIFT (YOUR "NON DIGITAL" SIGNATURE REPRESENTS THE APPROVAL YOUR DOCUMENTED HOURS WORKED. A LACK OF SIGNATURE RESULT IN UNTIMELY OR NO PAY)
01	S2 5485	Donny Moore	GL	0730	11 / 1230	1630	8.5	01	MLD	8.5	Y	Y	Y	Y	Y	—	—	Y	N/A ☐ RENTAL — Donny Moore — VERIFIER
02	S2 6900	David Shollman	GL	0730	0	1130	6	01	MLD	6	Y	Y	Y	Y	Y	—	—	Y	☐ RENTAL — David S — VERIFIER
03											Y	Y	Y	Y	Y			Y	☐ RENTAL — VERIFIER
04											Y	Y	Y	Y	Y			Y	☐ RENTAL — VERIFIER
05											Y	Y	Y	Y	Y			Y	☐ RENTAL — VERIFIER
06											Y	Y	Y	Y	Y			Y	☐ RENTAL — VERIFIER
07											Y	Y	Y	Y	Y			Y	☐ RENTAL — VERIFIER
08											Y	Y	Y	Y	Y			Y	☐ RENTAL — VERIFIER
09											Y	Y	Y	Y	Y			Y	☐ RENTAL — VERIFIER
10											Y	Y	Y	Y	Y			Y	☐ RENTAL — VERIFIER
11											Y	Y	Y	Y	Y			Y	☐ RENTAL — VERIFIER

RESPONSIBILITY OF MANAGER: PLEASE COMPLETE ALL REQUESTS BELOW

STEP 1-PRINT MANAGER NAME

STEP 2-DID THE FORM VERIFIER REVIEW THIS FORM FOR COMPLETION? ☐Y ☐N (IF "N", YOU MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES INCLUDING TOP SECTION OF FORM)

STEP 3-TOTAL HRS (VERIFY TOTAL HRS): 14.5

THESE TWO TOTALS SHOULD MATCH

STEP 4-PHASE HRS (VERIFY TOTAL HRS): 14.5

STEP 5-DOES THE PTS COVER: WHO ☐ WHEN ☐ WHERE ☐ WORK DESC: WHAT ☐ WHERE ☐ WHY ☐ HOW ☐ (VERIFICATION OF PTS CHKD)

STEP 6-MANAGER SIGNATURE (MANAGER SIGNATURE TO VERIFY FORM IS COMPLETED)

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

cleaning and hepa vacuuming.

BCS

ENTERED 11/2/18

FORM VERIFIER-PLEASE CHECK BOX AND ENTER QUANTITY FOR ALL EBC PAGES INCLUDED WITH THIS SHEET- ☐NONE ☐PAGE 3- # OF PAGES_____ ☐PAGE 4- # OF PAGES_____ ☐PAGE 5- # OF PAGES_____ ☐# OF RECEIPT FORMS_____

V033114.A

PERSONNEL TRACKING

SERVICE TYPE (CONTENTS DOCUMENTS)

BELFOR PROPERTYRESTORATION

PTS DOC # CN412040

FORM VERIFIER IS ON LINE # 1 INITIALS

START DATE 11/1/18 — CIRCLE DAY M T W TH F SA SU

STOP DATE 11/1/18 — CIRCLE DAY M T W TH F SA SU

CREW SHEET# (LAST 3 DIGITS OF JOB-6 DIGIT DATE (ADMIN ONLY)) 575-110118

JOB NUMBER-COMPLETE 113502575

JOB NAME Savannah Airport

JOB ADDRESS

SAFETY TOPIC PPE — TOOL BOX TRAINING COMPLETED? ☐Y ☐N

LOSS CAUSE	CODE	LOCATION	WEATHER
☐ FIRE	L00	RESIDENTIAL ALL	☐ HUMID
☐ WATER/FLOOD	L01		☐ TEMP
☐ WIND	L02		☐ SNOW
☐ MOLD	L03		☐ RAIN
☐ EARTHQUAKE	L04		☐ WINDY
☐	L05		☐
☐	L06		☐

RATE CLASS EXAMPLES	
TN	TECHNICIAN
TS	TECHNICAL SPECIALIST
TL	TEAM LEADER
TSE	TECHNICAL SUPPORT ENGL
LF	LABOR FOREMAN
GL	GENERAL/SKILLED BELFOR TRAINED
DL	DAY/TEMP LABOR

CODE	VEHICLE NAME (TABLE)
529	PICKUP, SUV OR CAR
530	VAN, PASSENGER/CARGO
518	TRUCK-MOVING/BOX/BOARD UP
528	TRUCK, 3/4 TON PICKUP
527	TRUCK, 1 TON 4X4 W/LIFTGATE
453	TRUCK, EXTRACTION
N/A	NO VEHICLE

SHIFT AM/PM

PHASE CODE EXAMPLES: APP-APPLIANCES /BOX-CLEANING OF BOXES /CEL-CONTENT CLNG /CGN-GENERAL CONTENTS /CHF-CONTENT CLNG-HARD FURNITURE /CDN-CARTAGE IN /COL-CLEAN ON LOCATION /CDM-CONTENT MANIPULATION /CDU-CARTAGE OUT /CPS-CONTENT PACK-HAND-STORAGE /CUP-CLEANING UPHOLSTERY /DCL-DRY CLEANING /DCR-DOCUMENTS /HFC-HARD FURNITURE /JBC-JOB CHECK-PHOTOS /JSS-JOB SUPPORT SUPERVISION /OFF-OFFICE ADMINISTRATION /OZO-OZONE /SAL-SALES /SBT-STAND BY TIME /SOC-STEAM CLEAN CARPET /TSH-TRASH /TVL-TRAVEL

FOR RENTAL CARS: FILL IN VEHICLE CODE AND CHECK BOX

OFFICE	ID#	PERSONNEL NAME (CLEARLY PRINTING YOUR NAME HELPS ENSURE THE CORRECT PERSON IS BEING PAID FOR HOURS WORKED. AN ILLEGIBLE NAME MAY RESULT IN UNTIMELY OR NO PAY) PRINT FIRST THEN LAST NAME	RATE CLASS	24 HOUR CLOCK MILITARY START TIME	LUNCH START TIME / STOP TIME	MILITARY STOP TIME	TOTAL HOURS (CONFIRM HOURS BY PERSON / BY MANAGER)	LOCATION CODE	PHASE CODE	HOURS BY PHASE	SMALL TOOLS	PPE	PRE-FIT TEST	PTP-HAWAIIS	PER DIEM	SEE GUIDE SHEET HOTEL NAME CODE	HOTEL ROOM #	SHARE ROOM	SEE TABLE VEHICLE CODE	PERSONNEL NAME (YOUR "NON DIGITAL" SIGNATURE REPRESENTS THE APPROVAL TO PAY YOUR DOCUMENTED HOURS WORKED. A LACK OF SIGNATURE MAY RESULT IN UNTIMELY OR NO PAY) SIGNATURE-END OF SHIFT
01 1135	1149664	Michael Powell	RT	0732	~~0~~	1630	9	01	MLD	9	~~0~~	~~0~~	Y	Y	Y	—	—	Y	453 RENTAL ☐	VERIFIER
02 1135	1340329	Nolan Driggers	RT	0700	~~0~~	1340	~~6.40~~ 6.40	01	MLD	6.40	~~0~~	~~0~~	Y	Y	Y	—	—	Y	529 RENTAL ☐	VERIFIER
03											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
04											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
05											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
06											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
07											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
08											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
09											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
10											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
11											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER

RESPONSIBILITY OF MANAGER: PLEASE COMPLETE ALL REQUESTS BELOW

STEP 1-PRINT MANAGER NAME

STEP 2-DID THE FORM VERIFIER REVIEW THIS FORM FOR COMPLETION? ☐Y ☐N IF "N", YOU MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES INCLUDING TOP SECTION OF FORM

STEP 3-TOTAL HRS (HAND TOTAL HRS) 15.40 — THESE TWO TOTALS SHOULD MATCH — STEP 4-PHASE HRS (VERIFY TOTAL HRS) 15.40

STEP 5-DOES THE PTS COVER: WHO☐ WHEN☐ WHERE☐ WORK DESC: WHAT☐ WHERE☐ WHY☐ HOW☐ (MODIFICATION OF PTS DATA)

STEP 6-MANAGER SIGNATURE (MANAGER SIGNATURE TO VERIFY FORM IS COMPLETED)

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

Covered all contents (shelves, work stations, electronics, etc) with 6 mil plastic.
Cut plywood to place over double doors then cut out for tubing to run from (2) Air Scrubbers for negative air.
Properly disposed of debris. Prepped and ready for tomorrow.

FORM VERIFIER-PLEASE CHECK BOX AND ENTER QUANTITY FOR ALL E&C PAGES INCLUDED WITH THIS SHEET- ☐NONE ☐PAGE 3- # OF PAGES____ ☐PAGE 4- # OF PAGES____ ☐PAGE 5- # OF PAGES____ ☐# OF RECEIPT FORMS____

V033114.A

PERSONNEL TRACKING

SERVICE TYPE (CONTENTS DOCUMENTS)

BELFOR

PROPERTY RESTORATION

PTS DOC # CN411978

FORM VERIFIER IS ON LINE # ____ INITIALS ____

START DATE: 11-2-18 (CIRCLE DAY: M T W TH F SA SU)

STOP DATE: 11-2-18 (CIRCLE DAY: M T W TH F SA SU)

CREW SHEET# (LAST 3 DIGITS OF JOB-6 DIGIT DATE-(ADMIN ONLY)): 575-110218

JOB NUMBER-COMPLETE: 113502575

JOB NAME: Savannah Airport

JOB ADDRESS: 640 Gulfstream way Pooler Ga.

SAFETY TOPIC: PPE

TOOL BOX TRAINING COMPLETED? ☐Y ☐N

LOSS CAUSE	CODE	LOCATION	WEATHER
☐ FIRE	L00	RESIDENTIAL ALL	☐ HUMID
☐ WATER/FLOOD	L01		☐ TEMP 72°
☐ WIND	L02		☐ SNOW
☑ MOLD	L03		☑ RAIN
☐ EARTHQUAKE	L04		☐ WINDY
☐	L05		☐
☐	L06		☐

RATE CLASS EXAMPLES	
TN	TECHNICIAN
TS	TECHNICAL SPECIALIST
TL	TEAM LEADER
TSE	TECHNICAL SUPPORT ENG.
LF	LABOR FOREMAN
GL	GENERAL/SKILLED BELFOR TRAINED
DL	DAY/TEMP LABOR

CODE	VEHICLE NAME (TABLE)
529	PICKUP, SUV OR CAR
530	VAN, PASSENGER/CARGO
519	TRUCK-MOVING/BOX/BOARD UP
528	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

SHIFT: AM

PHASE CODE EXAMPLES: APP-APPLIANCES /BOX-CLEANING OF BOXES /CEL-CONTENT CLNG /CGN-GENERAL CONTENTS /CHF-CONTENT CLNG-HARD FURNITURE /CIN-CARTAGE IN /CDL-CLEAN ON LOCATION /CON-CONTENT MANIPULATION /COU-CARTAGE OUT /CPS-CONTENT PACK-HAND-STORAGE /CUP-CLEANING UPHOLSTERY /DCL-DRY CLEANING /DCR-DOCUMENTS /HFC-HARD FURNITURE /JBC-JOB CHECK-PHOTOS /JSS-JOB SUPPORT SUPERVISION /OFF-OFFICE ADMINISTRATION /OZO-OZONE /SAL-SALES /SBT-STAND BY TIME /SCC-STEAM CLEAN CARPET /TSH-TRASH /TVL-TRAVEL

CE	ID#	PERSONNEL NAME (CLEARLY PRINTING YOUR NAME HELPS ENSURE THE CORRECT PERSON IS BEING PAID FOR HOURS WORKED. AN ILLEGIBLE NAME MAY RESULT IN UNTIMELY OR NO PAY) PRINT FIRST THEN LAST NAME	RATE CLASS	24 HOUR CLOCK MILITARY START TIME	LUNCH START TIME / STOP TIME	MILITARY STOP TIME	TOTAL HOURS (CONTROL HOURS BY PERSON / BY MANAGER)	LOCATION CODE	PHASE CODE	HOURS BY PHASE	SMALL TOOLS	PPE	PRP-FIT TEST	PPE-HARNESS	PER DIEM	SEE GUIDE SHEET HOTEL NAME CODE	HOTEL ROOM #	SHARE ROOM	SEE TABLE VEHICLE CODE	PERSONNEL NAME (YOUR "NON-DIGITAL" SIGNATURE REPRESENTS THE APPROVAL TO PAY YOUR DOCUMENTED HOURS WORKED. A LACK OF SIGNATURE MAY RESULT IN UNTIMELY OR NO PAY) SIGNATURE-END OF SHIFT
01								L01					Y	Y	Y	N/A	N/A	Y	RENTAL☐	VERIFIER
02								L01					Y	Y	Y	N/A	N/A	Y	RENTAL☐	VERIFIER
03	~~1032~~	~~916209~~	~~Brenda McElveen~~	~~RT~~	~~0630~~			~~L01~~					Y	Y	Y	~~N/A~~	~~N/A~~	Y	~~529~~ RENTAL☐	VERIFIER
04	S2	5485	Donny More	GL	0800	.5	1730	9	L01	MLD	9		Y	Y	Y	N/A	N/A	Y	N/A RENTAL☐	VERIFIER Donny Moore
05	S2	6900	David Shellman	GL	0800	.5	1730	9	L01	MLD	9		Y	Y	Y	N/A	N/A	Y	N/A RENTAL☐	VERIFIER David Shellman
06													Y	Y	Y			Y	RENTAL☐	VERIFIER
07													Y	Y	Y			Y	RENTAL☐	VERIFIER
08													Y	Y	Y			Y	RENTAL☐	VERIFIER
09													Y	Y	Y			Y	RENTAL☐	VERIFIER
10													Y	Y	Y			Y	RENTAL☐	VERIFIER
11													Y	Y	Y			Y	RENTAL☐	VERIFIER

RESPONSIBILITY OF MANAGER: PLEASE COMPLETE ALL REQUESTS BELOW

STEP 1-PRINT MANAGER NAME

STEP 2-DID THE FORM VERIFIER REVIEW THIS FORM FOR COMPLETION? ☐Y ☐N IF "N", YOU MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES INCLUDING TOP SECTION OF FORM

STEP 3-TOTAL HRS (VERIFY TOTAL HRS): 18

THESE TWO TOTALS SHOULD MATCH

STEP 4-PHASE HRS (VERIFY TOTAL HRS): 18

STEP 5-DOES THE PTS COVER: WHO☐ WHEN☐ WHERE☐ WORK DESC: WHAT☐ WHERE☐ WHY☐ HOW☐ (VERIFICATION OF PTS DATA)

STEP 6-MANAGER SIGNATURE (MANAGER SIGNATURE TO VERIFY FORM IS COMPLETED)

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

Broke away insulation from pipes (wrap and fart vent.). Swept all loose insulation from pipes and affected ceiling. Removed all debri.

FORM VERIFIER-PLEASE CHECK BOX AND ENTER QUANTITY FOR ALL E&C PAGES INCLUDED WITH THIS SHEET- ☐NONE ☐PAGE 3- # OF PAGES____ ☐PAGE 4- # OF PAGES____ ☐PAGE 5- # OF PAGES____ ☐# OF RECEIPT FORMS____

V033114.A

PERSONNEL TRACKING

SERVICE TYPE (CONTENTS DOCUMENTS)

BELFOR PROPERTYRESTORATION

PTS DOC # CN411979

FORM VERIFIER IS ON LINE # 5 INITIALS

START DATE 11-2-18 — 6-CIRCLE DAY M T W TH F SA SU

STOP DATE 11-2-18 — 6-CIRCLE DAY M T W TH F SA SU

CREW SHEET# (LAST 3 DIGITS OF JOB-6 DIGIT DATE-(ADMIN ONLY)) 575-110218-

JOB NUMBER-COMPLETE 113502575

JOB NAME Savannah Airport

JOB ADDRESS 140 Gulfstream Way Rooler GA

SAFETY TOPIC PPE

TOOL BOX TRAINING COMPLETED? ☐Y☐N

LOSS CAUSE	CODE	LOCATION	WEATHER
☐ FIRE	L00	RESIDENTIAL ALL	☐ HUMID
☐ WATER/FLOOD	L01		☑ TEMP 72°
☐ WIND	L02		☐ SNOW
☑ MOLD	L03		☐ RAIN
☐ EARTHQUAKE	L04		☐ WINDY
☐	L05		☐
☐	L06		☐

RATE CLASS EXAMPLES	
TN	TECHNICIAN
TS	TECHNICAL SPECIALIST
TL	TEAM LEADER
TSE	TECHNICAL SUPPORT ENG.
LF	LABOR FOREMAN
GL	GENERAL/SKILLED BELFOR TRAINED
DL	DAY/TEMP LABOR

CODE	VEHICLE NAME (TABLE)
529	PICKUP, SUV OR CAR
530	VAN, PASSENGER/CARGO
518	TRUCK-MOVING/BOX/BOARD UP
528	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

SHIFT: AM

PHASE CODE EXAMPLES: APP-APPLIANCES /BOX-CLEANING OF BOXES /CBL-CONTENT CLNG /CGN-GENERAL CONTENTS /CHF-CONTENT CLNG-HARD FURNITURE /CIN-CARTAGE IN /COL-CLEAN ON LOCATION /CON-CONTENT MANIPULATION /COU-CARTAGE OUT /CPS-CONTENT PACK-HAND-STORAGE /CUP-CLEANING UPHOLSTERY /DCL-DRY CLEANING /DCR-DOCUMENTS /HFC-HARD FURNITURE /IBC-JOB CHECK-PHOTOS /JSS-JOB SUPPORT SUPERVISION /OFF-OFFICE ADMINISTRATION /OZO-OZONE /SAL-SALES /SBT-STAND BY TIME /SOC-STEAM CLEAN CARPET /TSH-TRASH /TVL-TRAVEL

OFFICE	ID#	PERSONNEL NAME (CLEARLY PRINTING YOUR NAME HELPS ENSURE THE CORRECT PERSON IS BEING PAID FOR HOURS WORKED. AN ILLEGIBLE NAME MAY RESULT IN UNTIMELY OR NO PAY) PRINT FIRST THEN LAST NAME	RATE CLASS	24 HOUR CLOCK MILITARY START TIME	LUNCH START TIME / STOP TIME	MILITARY STOP TIME	TOTAL HOURS (CONFIRM HOURS BY PERSON / BY MANAGER)	LOCATION CODE	PHASE CODE	HOURS BY PHASE	SMALL TOOLS	PPE	PRE-FIT TEST	PPE HOURS	PER DIEM	HOTEL NAME CODE (SEE GUIDE SHEET)	HOTEL ROOM # (SEE GUIDE SHEET)	SHARE ROOM	VEHICLE CODE (SEE TABLE)	PERSONNEL NAME — SIGNATURE-END OF SHIFT (YOUR "NON DIGITAL" SIGNATURE REPRESENTS THE APPROVAL TO PAY YOUR DOCUMENTED HOURS WORKED. A LACK OF SIGNATURE MAY RESULT IN UNTIMELY OR NO PAY)
01 1135	126405	James Cannon	RT	1045	.5	1730	6.5 / 6.25	L01	MLD	6.5	G	G	Y	Y	Y	M	A	Y	530 RENTAL☐	James Cannon VERIFIER
02 1135											Y	Y	Y	Y	Y			Y	RENTAL☐	VERIFIER
03 1032	967209	Brenda McElveen	RT	0630	.5	1930	12.5	L01	MLD	12.5	G	G	Y	Y	Y	N/A	N/A	Y	529 RENTAL☐	Brenda McE VERIFIER
04											Y	Y	Y	Y	Y			Y	RENTAL☐	VERIFIER
05 1135	1149664	Michael Powell	RS	0759	.5	1730	9	L01	MLD	9	G	G	Y	Y	Y	N/A		Y	529 RENTAL☐	VERIFIER
06											Y	Y	Y	Y	Y			Y	RENTAL☐	VERIFIER
07											Y	Y	Y	Y	Y			Y	RENTAL☐	VERIFIER
08											Y	Y	Y	Y	Y			Y	RENTAL☐	VERIFIER
09											Y	Y	Y	Y	Y			Y	RENTAL☐	VERIFIER
10											Y	Y	Y	Y	Y			Y	RENTAL☐	VERIFIER
11											Y	Y	Y	Y	Y			Y	RENTAL☐	VERIFIER

RESPONSIBILITY OF MANAGER: PLEASE COMPLETE ALL REQUESTS BELOW

STEP 1-PRINT MANAGER NAME

STEP 2-DID THE FORM VERIFIER REVIEW THIS FORM FOR COMPLETION? ☐Y ☐N IF "N", YOU MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES INCLUDING TOP SECTION OF FORM

STEP 3-TOTAL HRS (VERIFY TOTAL HRS) 28 — THESE TWO TOTALS SHOULD MATCH — STEP 4-PHASE HRS (VERIFY TOTAL HRS) 28

STEP 5-DOES THE PTS COVER: WHO☐ WHEN☐ WHERE☐ (WORK DESC: WHAT☐ WHERE☐ WHY☐ HOW☐) (VERIFICATION OF PTS DATA)

STEP 6-MANAGER SIGNATURE (MANAGER SIGNATURE TO VERIFY FORM IS COMPLETED)

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

Remove insulation from pipes and scraped 60% of insulation from ceiling. Bagged all debri and cleaned work area.

FORM VERIFIER-PLEASE CHECK BOX AND ENTER QUANTITY FOR ALL E&C PAGES INCLUDED WITH THIS SHEET- ☐NONE ☐PAGE 3- # OF PAGES_____ ☐PAGE 4- # OF PAGES_____ ☐PAGE 5- # OF PAGES_____ ☐# OF RECEIPT FORMS_____

V033114.A

PERSONNEL TRACKING

SERVICE TYPE (RESTORATION)

BELFOR PROPERTYRESTORATION

PTS DOC # RS11050407

FORM VERIFIER IS ON — LINE # — INITIALS

START DATE: 11-04-18 — CIRCLE DAY: M T W TH F SA SU

STOP DATE: 11-04-18 — CIRCLE DAY: M T W TH F SA SU

CREW SHEET#: 575-11418 (LAST 3 DIGITS OF JOB-6 DIGIT DATE-(ADMIN ONLY))

JOB NUMBER-COMPLETE: 113502575

JOB NAME: Savannah Airport

JOB ADDRESS: Gulfstream Way, Pooler GA

SAFETY TOPIC: TOOL BOX TRAINING COMPLETED? ☐Y☐N

LOSS CAUSE	CODE	LOCATION	WEATHER
☐ FIRE	L00	RESIDENTIAL ALL	☐ HUMID
☐ WATER/FLOOD	L01		☐ TEMP
☐ WIND	L02		☐ SNOW
☑ MOLD	L03		☐ RAIN
☐ EARTHQUAKE	L04		☐ WINDY
☐	L05		☐
☐	L06		☐

RATE CLASS EXAMPLES	
APM	ASSISTANT PROJECT MGR
TN	TECHNICIAN (DRYING)
RS	RESTORATION SUPERVISO
RT	RESTORATION TECHNICIA
LF	LABOR FOREMAN
GL	GENERAL LABOR
DL	DAY/TEMP LABOR

CODE	VEHICLE NAME (TABLE)
529	PICKUP, SUV OR CAR
530	VAN, PASSENGER/CARGO
518	TRUCK-MOVING/BOX/BOARD UP
528	TRUCK, 3/4 TON PICKUP
527	TRUCK, 1 TON 4X4 W/LIFTGATE
453	TRUCK, EXTRACTION
N/A	NO VEHICLE

"X" AFTER ANY VEHICLE CODE TO INDICATE FOR TRANSPORTATION ONLY

FOR RENTAL CARS:

SHIFT: AM

PHASE CODE EXAMPLES: JBC-JOB CHECK & PHOTOS /JSS-JOB SUPPORT SUPERVISION/OFF-OFFICE ADMINISTRATION/OZO-OZONE/SAL-SALES/SBT-STAND BY TIME/SCC-STEAM CLEAN CARPET /TSH-TRASH /TVL-TRAVEL/CHE-CHEMISTRY/CON-CONTENT MANIPULATION/CLN-CLEANING /DEO-DEODORIZATION /DHU-DEHUMIDIFICATION /DMO-GENERAL DEMOLITION /DOR-DOORS /DRY-DRYWALL /ELE-ELECTRICAL /EME-EMERGENCY /EST-ESTIMATING /EQP-EQUIPMENT (SET UP-TAKE DOWN) /FNO-FINISH CARPENTRY/TRIM /FNH-FINISH HARDWARE /FRM-FRAMING /HAU-HAULING /LDS-LANDSCAPING /LTF-LIGHT FIXTURES /MDR-MOLD REMEDIATION /PLN-PLUMBING /PNT-PAINTING /PWA-POWERWASH /SEC-SECURITY /SEW-SEWER CLEAN UP/STE-STAIN KILL /TMP-TEMPORARY REPAIRS /WTR-WATER REMOVAL

OFFICE	ID#	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) PRINT FIRST THEN LAST NAME	RATE CLASS	24 HOUR CLOCK: 24 HOUR START TIME	LUNCH START TIME / STOP TIME	24 HOUR STOP TIME	TOTAL HOURS BY PERSON / BY OTHER	LOCATION CODE	PHASE CODE "WHAT"	HOURS BY PHASE	SMALL TOOLS	PPE	PRE-FIT TEST	PPE-MASKS	PER DIEM	SEE GUIDE SHEET: HOTEL NAME CODE	HOTEL ROOM #	SHAVE ROOM	SEE TABLE: VEHICLE CODE	PERSONNEL NAME: YOUR SIGNATURE REPRESENTS THE APPROVAL TO PAY YOUR DOCUMENTED HOURS WORKED. A LACK OF SIGNATURE MAY RESULT IN UNTIMELY OR NO PAY — SIGNATURE-END OF SHIFT
01	1032967209	Brenda McEllven	RT	1630		1915	2.75	L01	MLD	2.75	O	O	Y	Y	Y	ATH		Y	529		Brenda McEllven
02											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
03											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
04											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
05											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
06											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
07											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
08											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
09											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
10											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
11											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER

RESPONSIBILITY OF APPROVER (PLEASE COMPLETE ALL REQUISITS BELOW)

STEP 1-PRINT APPROVER NAME

STEP 2-DID THE FORM VERIFIER REVIEW THIS FORM FOR COMPLETION? IF "N", YOU AS APPROVER MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES INCLUDING TOP SECTION OF FORM. ☐Y ☐N

STEP 3-TOTAL HRS (VERIFY TOTAL HRS): 2.75

THESE TWO TOTALS MUST MATCH

STEP 4-PHASE HRS (VERIFY TOTAL HRS): 2.75

STEP 5 - DOES THE PTS COVER: (VERIFICATION OF PTS DATA) WHO ☐ WHEN ☐ WHERE ☐ WORK DESC: WHAT ☐ WHERE ☐ WHY ☐ HOW ☐

STEP 6-APPROVER SIGNATURE (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

FORM VERIFIER-PLEASE ENTER QUANTITY or "0" FOR ALL E&C PAGES INCLUDED WITH THIS SHEET- NONE — #OF PAGE 3 — # OF PAGE 4 — # OF PAGE 5 — RECEIPT TRACKING FORMS

V091514

PERSONNEL TRACKING

SERVICE TYPE (CONTENTS DOCUMENTS)

BELFOR PROPERTYRESTORATION

PTS DOC # CN412051

FORM VERIFIER IS ON — LINE # — INITIALS

START DATE: 11-5-18 — CIRCLE DAY: M T W TH F SA SU

STOP DATE: 11-5-18 — CIRCLE DAY: M T W TH F SA SU

CREW SHEET# (LAST 5 DIGITS OF JOB-6 DIGIT DATE (ADMIN ONLY)): 575 - 110518 -

JOB NUMBER-COMPLETE: 113502575

JOB NAME: Savannah Airport

JOB ADDRESS: 640 Gulf Stream Way, Pooler GA

SAFETY TOPIC: PPE — TOOL BOX TRAINING COMPLETED? ☐Y☐N

LOSS CAUSE	CODE	LOCATION	WEATHER
☐ FIRE	L00	RESIDENTIAL ALL	☐ HUMID
☐ WATER/FLOOD	L01		☑ TEMP 77°
☐ WIND	L02		☐ SNOW
☑ MOLD	L03		☐ RAIN
☐ EARTHQUAKE	L04		☐ WINDY
☐	L05		☐
☐	L06		☐

RATE CLASS EXAMPLES	
TN	TECHNICIAN
TS	TECHNICAL SPECIALIST
TL	TEAM LEADER
TSE	TECHNICAL SUPPORT ENG.
LF	LABOR FOREMAN
GL	GENERAL/SKILLED BELFOR TRAINED
DL	DAY/TEMP LABOR

CODE	VEHICLE NAME (TABLE)
529	PICKUP, SUV OR CAR
530	VAN, PASSENGER/CARGO
518	TRUCK-MOVING/BOX/BOARD UP
528	TRUCK, 2/4 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

SHIFT: AM

PHASE CODE EXAMPLES: APP-APPLIANCES /BOX-CLEANING OF BOXES /CEL-CONTENT CLNG /CGN-GENERAL CONTENTS /CHF-CONTENT CLNG-HARD FURNITURE /CIN-CARTAGE IN /COL-CLEAN ON LOCATION /CON-CONTENT MANIPULATION /COU-CARTAGE OUT /CPS-CONTENT PACK-HAND-STORAGE /CUP-CLEANING UPHOLSTERY /DCL-DRY CLEANING /DGR-DOCUMENTS /HFC-HARD FURNITURE /IBC-JOB-CHECK-PHOTOS /JSS-JOB SUPPORT SUPERVISION /OFF-OFFICE ADMINISTRATION /OZO-OZONE /SAL-SALES /SBT-STAND BY TIME /SCC-STEAM CLEAN CARPET /TSH-TRASH /TVL-TRAVEL

CE	ID#	PERSONNEL NAME (CLEARLY PRINTING YOUR NAME HELPS ENSURE THE CORRECT PERSON IS BEING PAID FOR HOURS WORKED. AN ILLEGIBLE NAME MAY RESULT IN UNTIMELY OR NO PAY. PRINT FIRST THEN LAST NAME)	RATE CLASS	24 HOUR CLOCK MILITARY START TIME	LUNCH START TIME / STOP TIME	MILITARY STOP TIME	TOTAL HOURS (CONFIRM HOURS BY PERSON / BY MANAGER)	LOCATION CODE	PHASE CODE	HOURS BY PHASE	SMALL TOOLS	PPE	PRE-EXT TEST	PRE-EXISTING	PER DIEM	SEE GUIDE SHEET: HOTEL NAME CODE	HOTEL ROOM #	SHARE ROOM	SEE TABLE: VEHICLE CODE	PERSONNEL NAME — SIGNATURE-END OF SHIFT (YOUR "NON DIGITAL" SIGNATURE REPRESENTS THE APPROVAL TO PAY YOUR DOCUMENTED HOURS WORKED. A LACK OF SIGNATURE MAY RESULT IN UNTIMELY OR NO PAY)
01 S2	5485	Donny Moore	GL	0800	.5	1730	9	L01	MLD	9	Y	Y	Y	Y	Y	N/A	N/A	Y	N/A ☐	Donny Moore — VERIFIER
02 S2	8503	Eddie Mercel	GL	0800	.5	1730	9	L01	MLD	9	Y	Y	Y	Y	Y	N/A	N/A	Y	N/A ☐	Eddie Mercel — VERIFIER
03											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
04											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
05											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
06											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
07											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
08											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
09											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
10											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
11											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER

RESPONSIBILITY OF MANAGER: PLEASE COMPLETE ALL REQUESTS BELOW

STEP 1-PRINT MANAGER NAME

STEP 2-DID THE FORM VERIFIER REVIEW THIS FORM FOR COMPLETION? ☐Y ☐N IF "N", YOU MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES INCLUDING TOP SECTION OF FORM

STEP 3-TOTAL HRS (VERIFY TOTAL HRS): 18 — THESE TWO TOTALS SHOULD MATCH — STEP 4-PHASE HRS (VERIFY TOTAL HRS): 18

VERIFICATION OF PTS DATA — STEP 5-DOES THE PTS COVER: WHO☐ WHEN☐ WHERE☐ WORK DONE: WHAT☐ WHERE☐ WHY☐ HOW☐

MANAGER SIGNATURE TO VERIFY FORM IS COMPLETED — STEP 6-MANAGER SIGNATURE:

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

Removed all plastic from shelves and surfaces. Hepa vac all areas and removed any and all debris. Removed all Belfor supplies and equipment except for air scrubbers

FORM VERIFIER-PLEASE CHECK BOX AND ENTER QUANTITY FOR ALL E&C PAGES INCLUDED WITH THIS SHEET- ☐NONE ☐PAGE 3- # OF PAGES_____ ☐PAGE 4- # OF PAGES_____ ☐PAGE 5- # OF PAGES_____ ☐# OF RECEIPT FORMS_____

VD33114.A

PERSONNEL TRACKING

SERVICE TYPE (CONTENTS DOCUMENTS)

BELFOR (●) PROPERTY RESTORATION

PTS DOC # CN412052

FORM VERIFIER IS ON LINE # 1 INITIALS

START DATE 11-5-18 CIRCLE DAY M T W TH F SA SU

STOP DATE 11-5-18 CIRCLE DAY M T W TH F SA SU

CREW SHEET# (LAST 3 DIGITS OF JOB-6 DIGIT DATE-(ADMIN ONLY)) 575-110518-

JOB NUMBER-COMPLETE 113502575

JOB NAME Savannah Airport

JOB ADDRESS 640 Gulfstream way Pooler GA.

SAFETY TOPIC PPE

TOOL BOX TRAINING COMPLETED? ☐Y☐N

LOSS CAUSE	CODE	LOCATION	WEATHER
☐ FIRE	L00	RESIDENTIAL ALL	☐ HUMID
☐ WATER/FLOOD	L01		☑ TEMP 72°
☐ WIND	L02		☐ SNOW
☑ MOLD	L03		☐ RAIN
☐ EARTHQUAKE	L04		☐ WINDY
☐	L05		☐
☐	L06		☐

RATE CLASS EXAMPLES	
TN	TECHNICIAN
TS	TECHNICAL SPECIALIST
TL	TEAM LEADER
TSE	TECHNICAL SUPPORT ENG.
LF	LABOR FOREMAN
GL	GENERAL/SKILLED BELFOR TRAINED
DL	DAY/TEMP LABOR

CODE	VEHICLE NAME (TABLE)
529	PICKUP, SUV OR CAR
530	VAN, PASSENGER/CARGO
518	TRUCK-MOVING/BOX/BOARD UP
528	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

SHIFT AM

PHASE CODE EXAMPLES: APP-APPLIANCES /BOX-CLEANING OF BOXES /CEL-CONTENT CLNG /CGN-GENERAL CONTENTS /CHF-CONTENT CLNG-HARD FURNITURE /CIN-CARTAGE IN /COL-CLEAN ON LOCATION /CON-CONTENT MANIPULATION /COU-CARTAGE OUT /CPS-CONTENT PACK-HAND-STORAGE /CUP-CLEANING UPHOLSTERY /DCL-DRY CLEANING /DCR-DOCUMENTS /HFC-HARD FURNITURE /JBC-JOB CHECK-PHOTOS /JSS-JOB SUPPORT SUPERVISION /OFF-OFFICE ADMINISTRATION /OZO-OZONE /SAL-SALES /SBT-STAND BY TIME /SOC-STEAM CLEAN CARPET /TSH-TRASH /TVL-TRAVEL

CE	ID#	PERSONNEL NAME (CLEARLY PRINTING YOUR NAME HELPS ENSURE THE CORRECT PERSON IS BEING PAID FOR HOURS WORKED. AN ILLEGIBLE NAME MAY RESULT IN UNTIMELY OR NO PAY) PRINT FIRST THEN LAST NAME	RATE CLASS	24 HOUR CLOCK MILITARY START TIME	LUNCH START TIME / STOP TIME	MILITARY STOP TIME	TOTAL HOURS CONFIRM HOURS BY PERSON / BY MANAGER	LOCATION CODE	PHASE CODE	HOURS BY PHASE	SMALL TOOLS	PPE	PRE-FIT TEST	PPE-HANGER	PER DIEM	SEE GUIDE SHEET HOTEL NAME CODE	HOTEL ROOM #	SHARE ROOM	SEE TABLE VEHICLE CODE	PERSONNEL NAME (YOUR "NON DIGITAL" SIGNATURE REPRESENTS THE APPROVAL TO PAY YOUR DOCUMENTED HOURS WORKED. A LACK OF SIGNATURE MAY RESULT IN UNTIMELY OR NO PAY) SIGNATURE-END OF SHIFT	
01	1135	1149044	Michael Powell	RS	0757	12 / 120	1808	9.5 / 9.75	L01	MLD	9.5	Y	Y	Y	Y	Y	N/A	N/A	Y	529 RENTAL☐	VERIFIER
02	1135	1321720	John Tapley	RT	0748	12 / 120	1726	9.25	L01	MLD		Y	Y	Y	Y	Y	N/A	N/A	Y	529 RENTAL☐	VERIFIER
03	1032	967209	Brenda McElveen	RT	0800	5	1730	9	L01	MLD	9	Y	Y	Y	Y	Y	HTH	237	Y	529 RENTAL☐	VERIFIER
04												Y	Y	Y	Y	Y			Y	RENTAL☐	VERIFIER
05												Y	Y	Y	Y	Y			Y	RENTAL☐	VERIFIER
06												Y	Y	Y	Y	Y			Y	RENTAL☐	VERIFIER
07												Y	Y	Y	Y	Y			Y	RENTAL☐	VERIFIER
08												Y	Y	Y	Y	Y			Y	RENTAL☐	VERIFIER
09												Y	Y	Y	Y	Y			Y	RENTAL☐	VERIFIER
10												Y	Y	Y	Y	Y			Y	RENTAL☐	VERIFIER
11												Y	Y	Y	Y	Y			Y	RENTAL☐	VERIFIER

RESPONSIBILITY OF MANAGER: PLEASE COMPLETE ALL REQUESTS BELOW

STEP 1-PRINT MANAGER NAME

STEP 2-DID THE FORM VERIFIER REVIEW THIS FORM FOR COMPLETION? ☐Y ☐N IF "N", YOU MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES INCLUDING TOP SECTION OF FORM

STEP 3-TOTAL HRS (VERIFY TOTAL HRS) ← THESE TWO TOTALS SHOULD MATCH → STEP 4-PHASE HRS (RECAP TOTAL HRS)

STEP 5-DOES THE PTS COVER: WHO☐ WHEN☐ WHERE☐ WORK DESC: WHAT☐ WHERE☐ WHY☐ HOW☐ (VERIFICATION OF PTS DATA)

STEP 6-MANAGER SIGNATURE (MANAGER SIGNATURE TO VERIFY FORM IS COMPLETED)

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

Finished scraping insulation from ceiling. Hepa vac and wiped down ceilings and pipes using shockwave.
Removed plastic from work area and hepa vac walls and contents and wiped with shockwave.
Disposed of debri, cleaned work area and changed out all filters.

FORM VERIFIER-PLEASE CHECK BOX AND ENTER QUANTITY FOR ALL E&C PAGES INCLUDED WITH THIS SHEET- ☐NONE ☐PAGE 3- # OF PAGES_____ ☐PAGE 4- # OF PAGES_____ ☐PAGE 5- # OF PAGES_____ ☐# OF RECEIPT FORMS_____

V033114.A

PERSONNEL TRACKING

SERVICE TYPE (CONTENTS DOCUMENTS)

BELFOR (●) PROPERTY RESTORATION

PTS DOC # CN412054

FORM VERIFIER IS ON LINE # 01 DETAILS

START DATE 11/6/18 — CIRCLE DAY M T W TH F SA SU

STOP DATE 11/6/18 — CIRCLE DAY M T W TH F SA SU

CREW SHEET# (LAST 3 DIGITS OF JOB & 6 DIGIT DATE-(ADMIN ONLY)) 575 - 110618 -

JOB NUMBER-COMPLETE 113502575

JOB NAME Savannah Airport

JOB ADDRESS 640 GulfStream Way Pooler GA

SAFETY TOPIC PPE — TOOL BOX TRAINING COMPLETED? ☐Y ☐N

LOSS CAUSE	CODE	LOCATION	WEATHER
☐ FIRE	L00	RESIDENTIAL ALL	☐ HUMID
☐ WATER/FLOOD	L01		☑ TEMP 84°
☐ WIND	L02		☐ SNOW
☑ MOLD	L03		☐ RAIN
☐ EARTHQUAKE	L04		☐ WINDY
☐	L05		☐
☐	L06		☐

RATE CLASS EXAMPLES	
TN	TECHNICIAN
TS	TECHNICAL SPECIALIST
TL	TEAM LEADER
TSE	TECHNICAL SUPPORT ENG.
LF	LABOR FOREMAN
GL	GENERAL/SKILLED BELFOR TRAINED
DL	DAY/TEMP LABOR

CODE	VEHICLE NAME (TABLE)
529	PICKUP, SUV OR CAR
530	VAN, PASSENGER/CARGO
518	TRUCK-MOVING/BOX/BOARD UP
528	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

SHIFT AM/PM

PHASE CODE EXAMPLES: APP-APPLIANCES /BOX-CLEANING OF BOXES /CEL-CONTENT CLNG /CGN-GENERAL CONTENTS /CHF-CONTENT CLNG-HARD FURNITURE /CIN-CARTAGE IN /COL-CLEAN ON LOCATION /CON-CONTENT MANIPULATION /COU-CARTAGE OUT /CPS-CONTENT PACK-HAND-STORAGE /CUP-CLEANING UPHOLSTERY /DCL-DRY CLEANING /DCR-DOCUMENTS /HFC-HARD FURNITURE /JBC-JOB CHECK-PHOTOS /JSS-JOB SUPPORT SUPERVISION /OFF-OFFICE ADMINISTRATION /OZO-OZONE /SAL-SALES /SBT-STAND BY TIME /SCC-STEAM CLEAN CARPET /TSH-TRASH /TVL-TRAVEL

OFFICE	ID#	PERSONNEL NAME (CLEARLY PRINTING YOUR NAME HELPS ENSURE THE CORRECT PERSON IS BEING PAID FOR HOURS WORKED. AN ILLEGIBLE NAME MAY RESULT IN UNTIMELY OR NO PAY) PRINT FIRST THEN LAST NAME	RATE CLASS	24 HOUR CLOCK MILITARY START TIME	LUNCH START TIME / STOP TIME	MILITARY STOP TIME	TOTAL HOURS (CONFIRM HOURS OF PERSON BY MANAGER)	LOCATION CODE	PHASE CODE	HOURS BY PHASE	SMALL TOOLS	PPE	PRP-PTS TEST	PPP-PHONES	PER DIEM	HOTEL NAME CODE (SEE GUIDE SHEET)	HOTEL ROOM # (SEE GUIDE SHEET)	SHARE ROOM	VEHICLE CODE (SEE TABLE)	PERSONNEL NAME — SIGNATURE-END OF SHIFT (YOUR "NON DIGITAL" SIGNATURE REPRESENTS THE APPROVAL TO PAY YOUR DOCUMENTED HOURS WORKED. A LACK OF SIGNATURE MAY RESULT IN UNTIMELY OR NO PAY)
01	1135	1149dH	Michael Powell	RS	0755	.5	1630	8	01	MLD	8	Y	Y	Y	Y	Y	N/A	NA	Y	529 ☐ RENTAL — VERIFIER
02	1135	1321220	Justin Tipton	RT	0730	.5	1605	8.5 8	L01	MLD	8.5	Y	Y	Y	Y	Y	N/A	N/A	Y	529 ☐ RENTAL — VERIFIER
03	1032	967209	Brenda McElveen	RT	0730	.5	1630	8.5	L01	MLD	8.5	Y	Y	Y	Y	Y	NTH	237	Y	529 ☐ RENTAL — VERIFIER
04												Y	Y	Y	Y	Y			Y	☐ RENTAL — VERIFIER
05												Y	Y	Y	Y	Y			Y	☐ RENTAL — VERIFIER
06												Y	Y	Y	Y	Y			Y	☐ RENTAL — VERIFIER
07												Y	Y	Y	Y	Y			Y	☐ RENTAL — VERIFIER
08												Y	Y	Y	Y	Y			Y	☐ RENTAL — VERIFIER
09												Y	Y	Y	Y	Y			Y	☐ RENTAL — VERIFIER
10												Y	Y	Y	Y	Y			Y	☐ RENTAL — VERIFIER
11												Y	Y	Y	Y	Y			Y	☐ RENTAL — VERIFIER

RESPONSIBILITY OF MANAGER: PLEASE COMPLETE ALL REQUESTS BELOW

STEP 1-PRINT MANAGER NAME

STEP 2-DID THE FORM VERIFIER REVIEW THIS FORM FOR COMPLETION? ☐Y ☐N IF "N", YOU MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES INCLUDING TOP SECITON OF FORM

STEP 3-TOTAL HRS (VERIFY TOTAL HRS) 25 — THESE TWO TOTALS SHOULD MATCH — STEP 4-PHASE HRS (VERIFY TOTAL HRS) 25

STEP 5-DOES THE PTS COVER: WHO☐ WHEN☐ WHERE☐ WORK DISC: WHAT☐ WHERE☐ WHY☐ HOW☐ (VERIFICATION OF PTS DATA)

STEP 6-MANAGER SIGNATURE (MANAGER SIGNATURE TO VERIFY FORM IS COMPLETED)

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

Treated and wiped wrapping to pipe's Barry had mentioned and sprayed Kilz to moisture stain areas
Removed all plastic. Hepa vac and wiped all hard surfaces and shelves along with shelf items. Hepa vac floors and all edges and corners.
Removed all debri and hauled to shop and all unecessary Belfor tools.

FORM VERIFIER-PLEASE CHECK BOX AND ENTER QUANTITY FOR ALL E&C PAGES INCLUDED WITH THIS SHEET- ☐NONE ☐PAGE 3- # OF PAGES_____ ☐PAGE 4- # OF PAGES_____ ☐PAGE 5- # OF PAGES_____ ☐# OF RECEIPT FORMS_____

V033114.A

PERSONNEL TRACKING

SERVICE TYPE (CONTENTS DOCUMENTS)

BELFOR PROPERTYRESTORATION

PTS DOC # CN412053

FORM VERIFIER IS ON — LINE # — INITIALS

START DATE: 11/16/18 — CIRCLE DAY: M (T) W TH F SA SU

STOP DATE: 11/16/18 — CIRCLE DAY: M (T) W TH F SA SU

CREW SHEET# (LAST 3 DIGITS OF JOB-6 DIGIT DATE-(ADMIN ONLY)): 575-110618

JOB NUMBER-COMPLETE: 113502575

JOB NAME: Savannah Air Port

JOB ADDRESS: 640 Gulf Stream Way Pooler GA.

SAFETY TOPIC: PPE — TOOL BOX TRAINING COMPLETED? ☐Y ☐N

LOSS CAUSE	CODE	LOCATION	WEATHER
☐ FIRE	L00	RESIDENTIAL ALL	☐ HUMID
☐ WATER/FLOOD	L01		☑ TEMP 84°
☐ WIND	L02		☐ SNOW
☑ MOLD	L03		☐ RAIN
☐ EARTHQUAKE	L04		☐ WINDY
☐	L05		☐
☐	L06		☐

RATE CLASS EXAMPLES	
TN	TECHNICIAN
TS	TECHNICAL SPECIALIST
TL	TEAM LEADER
TSE	TECHNICAL SUPPORT ENG.
LF	LABOR FOREMAN
GL	GENERAL/SKILLED BELFOR TRAINED
DL	DAY/TEMP LABOR

CODE	VEHICLE NAME (TABLE)
529	PICKUP, SUV OR CAR
530	VAN, PASSENGER/CARGO
518	TRUCK-MOVING/BOX/BOARD UP
528	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

SHIFT: AM/PM

PHASE CODE EXAMPLES: APP-APPLIANCES /BOX-CLEANING OF BOXES /CEL-CONTENT CLNG /CGN-GENERAL CONTENTS /CHF-CONTENT CLNG-HARD FURNITURE /CIN-CARTAGE IN /COL-CLEAN ON LOCATION /CON-CONTENT MANIPULATION /COU-CARTAGE OUT /CPS-CONTENT PACK-HAND-STORAGE /DUP-CLEANING UPHOLSTERY /DCL-DRY CLEANING /DCR-DOCUMENTS /HFC-HARD FURNITURE /JBC-JOB CHECK-PHOTOS /JSS-JOB SUPPORT SUPERVISION /OFF-OFFICE ADMINISTRATION /OZO-OZONE /SAL-SALES /SBT-STAND BY TIME /SOC-STEAM CLEAN CARPET /TSH-TRASH /TVL-TRAVEL

OFFICE	ID#	PERSONNEL NAME (CLEARLY PRINTING YOUR NAME HELPS ENSURE THE CORRECT PERSON IS BEING PAID FOR HOURS WORKED. AN ILLEGIBLE NAME MAY RESULT IN UNTIMELY OR NO PAY) PRINT FIRST THEN LAST NAME	RATE CLASS	24 HOUR CLOCK MILITARY START TIME	LUNCH START TIME / STOP TIME	MILITARY STOP TIME	TOTAL HOURS (CONFIRM HOURS BY PERSON / BY MANAGER)	LOCATION CODE	PHASE CODE	HOURS BY PHASE	SMALL TOOLS	PPE	PRP-PIT TEST	PFP-PARKING	PER DIEM	SEE GUIDE SHEET: HOTEL NAME CODE	HOTEL ROOM #	SHARE ROOM	SEE TABLE: VEHICLE CODE	PERSONNEL NAME (YOUR "NON DIGITAL" SIGNATURE REPRESENTS THE APPROVAL TO PAY YOUR DOCUMENTED HOURS WORKED. A LACK OF SIGNATURE MAY RESULT IN UNTIMELY OR NO PAY) SIGNATURE-END OF SHIFT	
01	S2 5485	Donny Moore	GL	8:00	.5	1630	8	01	MLD		G	G	Y	Y	Y	—	—	Y	N/A ☐	Donny Moore	VERIFIER
02	S2 3691	Jamar Wilson	GL	0800	.5	1630	8	01	MLD		G	G	Y	Y	Y	—	—	Y	N/A ☐	[illegible]	VERIFIER
03											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
04											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
05											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
06											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
07											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
08											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
09											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
10											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
11											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER

RESPONSIBILITY OF MANAGER: PLEASE COMPLETE ALL REQUESTS BELOW

STEP 1-PRINT MANAGER NAME

STEP 2-DID THE FORM VERIFIER REVIEW THIS FORM FOR COMPLETION? ☐Y ☐N IF "N", YOU MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES INCLUDING TOP SECTION OF FORM

STEP 3-TOTAL HRS (VERIFY TOTAL HRS): 16 ← THESE TWO TOTALS SHOULD MATCH → STEP 4-PHASE HRS (VERIFY TOTAL HRS): 16

STEP 5-DOES THE PTS COVER: WHO☐ WHEN☐ WHERE☐ WORK DESC: WHAT☐ WHERE☐ WHY☐ HOW☐ (VERIFICATION OF PTS DATA)

STEP 6-MANAGER SIGNATURE (MANAGER SIGNATURE TO VERIFY FORM IS COMPLETED)

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 ☐PAGE 3- # OF PAGES_____ ☐PAGE 4- # OF PAGES_____ ☐PAGE 5- # OF PAGES_____ ☐# OF RECEIPT FORMS_____

V033114.A

PERSONNEL TRACKING

SERVICE TYPE (RESTORATION)

BELFOR PROPERTYRESTORATION

PTS DOC # RS11255551

FORM VERIFIER IS ON LINE # 1 INITIALS

START DATE 11/7/18 — CIRCLE DAY M T W TH F SA SU

STOP DATE 11/7/18 — CIRCLE DAY M T W TH F SA SU

CREW SHEET# (LAST 3 DIGITS OF JOB-6 DIGIT DATE (ADMIN ONLY)) 575-110718

JOB NUMBER-COMPLETE 113502575

JOB NAME Savannah Airport

JOB ADDRESS 640 Gulfstream Way Pooler, GA

SAFETY TOPIC PPE — TOOL BOX TRAINING COMPLETED? ☐Y ☐N

LOSS CAUSE	CODE	LOCATION	WEATHER
☐ FIRE	L00	RESIDENTIAL ALL	☐ HUMID
☐ WATER/FLOOD	L01		☑ TEMP 88
☐ WIND	L02		☐ SNOW
☑ MOLD	L03		☑ RAIN
☐ EARTHQUAKE	L04		☐ WINDY
☐	L05		☐
☐	L06		☐

RATE CLASS EXAMPLES	
APM	ASSISTANT PROJECT MGR
TN	TECHNICIAN (DRYING)
RS	RESTORATION SUPERVISO
RT	RESTORATION TECHNICIA
LF	LABOR FOREMAN
GL	GENERAL LABOR
DL	DAY/TEMP LABOR

CODE	VEHICLE NAME (TABLE)
529	PICKUP, SUV OR CAR
530	VAN, PASSENGER/CARGO
518	TRUCK-MOVING/BOX/BOARD UP
528	TRUCK, 3/4 TON PICKUP
527	TRUCK, 1 TON 4X4 W/LIFTGATE
453	TRUCK, EXTRACTION
N/A	NO VEHICLE

"X" AFTER ANY VEHICLE CODE TO INDICATE FOR TRANSPORTATION ONLY

FOR RENTAL CARS:

SHIFT- AM/PM

PHASE CODE EXAMPLES: JBC-JOB CHECK & PHOTOS /JSS-JOB SUPPORT SUPERVISION/OFA-OFFICE ADMINISTRATION/OZO-OZONE/SAL-SALES/SBT-STAND BY TIME/SCC-STEAM CLEAN CARPET /TSH-TRASH /TVL-TRAVEL/CAB-CABINETRY /CON-CONTENT MANIPULATION/CLN-CLEANING /DEO-DEODORIZATION /DHU-DEHUMIDIFICATION /DMO-GENERAL DEMOLITION /DOR-DOORS /DRY-DRYWALL /ELE-ELECTRICAL /EME-EMERGENCY /EST-ESTIMATING /EQP-EQUIPMENT (SET UP-TAKE DOWN) /FNC-FINISH CARPENTRY/TRIM /FHW-FINISH HARDWARE /FRM-FRAMING /HAU-HAULING /LDS-LANDSCAPING /LIT-LIGHT FIXTURES /MDR-MOLD REMEDIATION /PLM-PLUMBING /PNT-PAINTING /PWA-POWERWASH /SEC-SECURITY /SEW-SEWER CLEAN UP/STK-STAIN KILL /TMP-TEMPORARY REPAIRS /WTR-WATER REMOVAL

OFFICE	ID#	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) PRINT FIRST THEN LAST NAME	RATE CLASS	24 HOUR CLOCK: 24 HOUR START TIME	LUNCH START TIME / STOP TIME	24 HOUR STOP TIME	TOTAL HOURS BY PERSON / BY OTHER	LOCATION CODE	PHASE CODE "WHAT"	HOURS BY PHASE	SMALL TOOLS	PPE	PRP-PRE TEST	PFP-PERFORMANCE	PER DIEM	SEE GUIDE SHEET: HOTEL NAME CODE	HOTEL ROOM #	SHARE ROOM	SEE TABLE: VEHICLE CODE	PERSONNEL NAME (YOUR SIGNATURE REPRESENTS THE APPROVAL TO PAY YOUR DOCUMENTED HOURS WORKED. A LACK OF SIGNATURE MAY RESULT IN UNTIMELY OR NO PAY) SIGNATURE-END OF SHIFT	
01 1135	114966	Michael Powell	RS	0745	1100 / 1130	1427	6.25	01	MLD	6.25	X	X	Y	Y	Y			Y	529 RENTAL ☐		VERIFIER
02 1032	967209	Brenda McElveen	RT	0730	1100 / 1130	5:46pm	9.75	01	MLD		X	X	Y	Y	Y	HIH	237	Y	529 RENTAL ☐	Brenda McElveen	VERIFIER
03											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
04											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
05											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
06											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
07											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
08											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
09											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
10											Y	Y	Y	Y	Y			Y	RENTAL ☐		VERIFIER
11											Y	Y	Y	Y	Y			Y	RENTAL ☐		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 AS APPROVER MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES INCLUDING TOP SECTION OF FORM. ☐Y ☐N

STEP 3-TOTAL HRS (VERIFY TOTAL HRS) — THESE TWO TOTALS MUST MATCH

STEP 4-PHASE HRS (VERIFY TOTAL HRS)

STEP 5 - DOES THE PTS COVER: WHO ☐ WHEN ☐ WHERE ☐ WORK DONE: WHAT ☐ WHERE ☐ WHY ☐ HOW ☐ (VERIFICATION OF PTS DATA)

STEP 6-APPROVER SIGNATURE (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

Resealed pipes with 2nd coat over water stains.
Re-wiped all surfaces after hepavac.
Changed all filters to dehu and airscrubbers. Removed any and all debri.
Fogged entire area and removed any and all Belfor tools & materials.

FORM VERIFIER-PLEASE ENTER QUANTITY or "0" FOR ALL E&C PAGES INCLUDED WITH THIS SHEET- NONE ____ #OF PAGE 3 ____ # OF PAGE 4 ____ # OF PAGE 5 ____ RECEIPT TRACKING FORMS ____

V091514

PERSONNEL TRACKING

SERVICE TYPE (RESTORATION)

BELFOR PROPERTY RESTORATION

PTS DOC # RS11255618

FORM VERIFIER IS ON LINE # 1 INITIALS JC

START DATE 11-15-18 ←CIRCLE DAY M T W TH F SA SU

STOP DATE 11-15-18 ←CIRCLE DAY M T W TH F SA SU

CREW SHEET# LAST 3 DIGITS OF 106-6 DIGIT DATE-(ADMIN ONLY) 575 -111518 -

JOB NUMBER-COMPLETE 113502575

JOB NAME Savannah Airport Mold

JOB ADDRESS Savannah Ga.

SAFETY TOPIC

TOOL BOX TRAINING COMPLETED? ☐Y☐N

LOSS CAUSE	CODE	LOCATION
☐ FIRE	L00	RESIDENTIAL ALL
☐ WATER/FLOOD	L01	
☐ WIND	L02	
☑ MOLD	L03	
☐ EARTHQUAKE	L04	
☐	L05	
☐	L06	

WEATHER: ☐ HUMID ☐ TEMP 62 ☐ SNOW ☐ RAIN ☐ WINDY ☐

RATE CLASS EXAMPLES	
APM	ASSISTANT PROJECT MGR
TN	TECHNICIAN (DRYING)
RS	RESTORATION SUPERVISO
RT	RESTORATION TECHNICIA
LF	LABOR FOREMAN
GL	GENERAL LABOR
DL	DAY/TEMP LABOR

CODE	VEHICLE NAME (TABLE)
529	PICKUP, SUV OR CAR
530	VAN, PASSENGER/CARGO
518	TRUCK-MOVING/BOX/BOARD UP
528	TRUCK, 3/4 TON PICKUP
527	TRUCK, 1 TON 4X4 W/LIFTGATE
453	TRUCK, EXTRACTION
N/A	NO VEHICLE

"X" AFTER ANY VEHICLE CODE TO INDICATE FOR TRANSPORTATION ONLY

FOR RENTAL CARS:

SHIFT- am

PHASE CODE EXAMPLES: JBC-JOB CHECK & PHOTOS /JSS-JOB SUPPORT SUPERVISION/OFF-OFFICE ADMINISTRATION/OZO-OZONE/SAL-SALES/SBY-STAND BY TIME/SCC-STEAM CLEAN CARPET /TSH-TRASH /TVL-TRAVEL/CAB-CABINETRY/CON-CONTENT MANIPULATION/CLN-CLEANING /DEO-DEODORIZATION /DHU-DEHUMIDIFICATION /DMO-GENERAL DEMOLITION /DOR-DOORS /DRY-DRYWALL /ELE-ELECTRICAL /EME-EMERGENCY /EST-ESTIMATING /EQP-EQUIPMENT (SET UP-TAKE DOWN) /FNC-FINISH CARPENTRY/STRIP/FNH-FINISH HARDWARE /FRM-FRAMING /HAU-HAULING /LDS-LANDSCAPING /LIT-LIGHT FIXTURES /MDR-MOLD REMEDIATION /PLM-PLUMBING /PNT-PAINTING /PWA-POWERWASH /SEC-SECURITY /SEW-SEWER CLEAN UP/STK-STAIN KILL /TMP-TEMPORARY REPAIRS /WTR-WATER REMOVAL

OFFICE	ID#	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) PRINT FIRST THEN LAST NAME	RATE CLASS	24 HOUR CLOCK: 24 HOUR START TIME	LUNCH START TIME / STOP TIME	24 HOUR STOP TIME	TOTAL HOURS BY PERSON / BY OTHER	LOCATION CODE	PHASE CODE "WHAT"	HOURS BY PHASE	SMALL TOOLS	PPE	PRP-PRE TEST	PPP-PROGRESS	PER DIEM	HOTEL NAME CODE (SEE GUIDE SHEET)	HOTEL ROOM #	SHARE ROOM	VEHICLE CODE (SEE TABLE)	PERSONNEL NAME / SIGNATURE-END OF SHIFT (YOUR SIGNATURE REPRESENTS THE APPROVAL TO PAY YOUR DOCUMENTED HOURS WORKED. A LACK OF SIGNATURE MAY RESULT IN UNTIMELY OR NO PAY)
01	1135	1126405 James Cannon	RT	0751	X	1039	~~7.5~~ 2.8	101	Equip	2.75	Y	Y	Y	Y	Y			Y	RENTAL ☐ 534	James Cannon VERIFIER
02											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
03											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
04											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
05											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
06											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
07											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
08											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
09											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
10											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
11											Y	Y	Y	Y	Y			Y	RENTAL ☐	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 AS APPROVER MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES INCLUDING TOP SECTION OF FORM. ☐Y ☐N

STEP 3-TOTAL HRS (VERIFY TOTAL HRS) 2.75

THESE TWO TOTALS MUST MATCH

STEP 4-PHASE HRS (VERIFY TOTAL HRS) 2.75

VERIFICATION OF PTS DATA

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

APPROVER SIGNATURE TO VERIFY FORM IS COMPLETED

STEP 6-APPROVER SIGNATURE

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

pick up equipment talked to office

FORM VERIFIER-PLEASE ENTER QUANTITY or "0" FOR ALL E&C PAGES INCLUDED WITH THIS SHEET- NONE #OF PAGE 3 ____ # OF PAGE 4 ____ # OF PAGE 5 ____ RECEIPT TRACKING FORMS ____

PERSONNEL TRACKING

SERVICE TYPE (RESTORATION)

BELFOR PROPERTY RESTORATION

PTS DOC # RS11063679

FORM VERIFIER IS ON LINE # 01 INITIALS CBJ

START DATE 11/17/18 — CIRCLE DAY M T W TH F SA SU

STOP DATE 11/17/18 — CIRCLE DAY M T W TH F SA SU

CREW SHEET# — LAST 3 DIGITS OF JOB-6 DIGIT DATE (ADMIN ONLY)

JOB NUMBER-COMPLETE: 1135-02575

JOB NAME: Savannah Airport

JOB ADDRESS: 400 Airways Ave Savannah GA 31408

SAFETY TOPIC

TOOL BOX TRAINING COMPLETED? ☐Y ☐N

LOSS CAUSE	CODE	LOCATION	WEATHER
☐ FIRE	L00	RESIDENTIAL ALL	☐ HUMID
☐ WATER/FLOOD	L01	Office	☐ TEMP
☐ WIND	L02		☐ SNOW
☒ MOLD	L03		☐ RAIN
☐ EARTHQUAKE	L04		☐ WINDY
☐	L05		☑
☐	L06		☐

RATE CLASS EXAMPLES	
APM	ASSISTANT PROJECT MGR
TN	TECHNICIAN (DRYING)
RS	RESTORATION SUPERVISO
RT	RESTORATION TECHNICI/
LF	LABOR FOREMAN
GL	GENERAL LABOR
DL	DAY/TEMP LABOR

CODE	VEHICLE NAME (TABLE)
529	PICKUP, SUV OR CAR
530	VAN, PASSENGER/CARGO
518	TRUCK-MOVING/BOX/BOARD UP
528	TRUCK, 3/4 TON PICKUP
527	TRUCK, 1 TON 4X4 W/LIFTGATE
453	TRUCK, EXTRACTION
N/A	NO VEHICLE

"X" AFTER ANY VEHICLE CODE TO INDICATE FOR TRANSPORTATION ONLY

FOR RENTAL CARS:

SHIFT-

PHASE CODE EXAMPLES: JBC-JOB CHECK & PHOTOS /JSS-JOB SUPPORT SUPERVISION/OFC-OFFICE ADMINISTRATION/OZO-OZONE/SAL-SALES/SBT-STAND BY TIME/SCC-STEAM CLEAN CARPET /TSH-TRASH /TVL-TRAVEL/CAB-CABINETRY/CON-CONTENT MANIPULATION/CLN-CLEANING /DEO-DEODORIZATION /DHU-DEHUMIDIFICATION /DMO-GENERAL DEMOLITION /DOR-DOORS /DRY-DRYWALL /ELE-ELECTRICAL /EMS-EMERGENCY /EST-ESTIMATING /EQP-EQUIPMENT (SET UP-TAKE DOWN) /FHD-FINISH CARPENTRY/FRH-FINISH HARDWARE /FRM-FRAMING /HAU-HAULING /LDS-LANDSCAPING /LIT-LIGHT FIXTURES /MDR-MOLD REMEDIATION /PLN-PLUMBING /PNT-PAINTING /PWA-POWERWASH /SEC-SECURITY /SEW-SEWER CLEAN UP/STK-STAIN KILL /TMP-TEMPORARY REPAIRS /WTR-WATER REMOVAL

OFFICE	ID#	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) PRINT FIRST THEN LAST NAME	RATE CLASS	24 HOUR CLOCK: 24 HOUR START TIME	LUNCH START TIME / STOP TIME	24 HOUR STOP TIME	TOTAL HOURS BY PERSON	TOTAL HOURS BY OTHER	LOCATION CODE	PHASE CODE "WHAT"	HOURS BY PHASE	SMALL TOOLS	PPE	PRE-PFT TEST	PPT-MARKERS	PER DIEM	SEE GUIDE SHEET: HOTEL NAME CODE	HOTEL ROOM #	SHARE ROOM	SEE TABLE: VEHICLE CODE	PERSONNEL NAME (YOUR SIGNATURE REPRESENTS THE APPROVAL TO PAY YOUR DOCUMENTED HOURS WORKED. A LACK OF SIGNATURE MAY RESULT IN UNTIMELY OR NO PAY) SIGNATURE-END OF SHIFT	
01	1000	116764	Carol Tiego	AA	15:45	=	16:45	1		L01	OFF	1	Y	Y	Y	Y	Y	X	X	Y	RENTAL ☐	Carol Tiego VERIFIER
02													Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
03													Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
04													Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
05													Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
06													Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
07													Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
08													Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
09													Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
10													Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
11													Y	Y	Y	Y	Y			Y	RENTAL ☐	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 AS APPROVER MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES INCLUDING TOP SECTION OF FORM. ☐Y ☐N

STEP 3-TOTAL HRS (VERIFY TOTAL HRS)

THESE TWO TOTALS MUST MATCH

STEP 4-PHASE HRS (VERIFY TOTAL HRS)

STEP 5 - DOES THE PTS COVER: WHO ☐ WHEN ☐ WHERE ☐ WORK DESC. WHAT ☐ WHERE ☐ WHY ☐ HOW ☐ (VERIFICATION OF PTS DATA)

STEP 6-APPROVER SIGNATURE (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

Printed off paperwork. Went thru paperwork. Created T&M file
Entered PTS & ECS. Created billing questions. Created draft
Extra time to fix ECS
Scanned backup. Sent to internal Review.

FORM VERIFIER-PLEASE ENTER QUANTITY or "0" FOR ALL EBC PAGES INCLUDED WITH THIS SHEET- NONE ____ #OF PAGE 3 ____ # OF PAGE 4 ____ # OF PAGE 5 ____ RECEIPT TRACKING FORMS ____

V091514

PERSONNEL TRACKING

SERVICE TYPE (RESTORATION)

BELFOR PROPERTYRESTORATION

PTS DOC # RS11063683

FORM VERIFIER IS ON LINE# 01 CBT

START DATE 11/23/18 — CIRCLE DAY N T W TH F SA SU

STOP DATE 11/23/18 — CIRCLE DAY N T W TH F SA SU

CREW SHEET# LAST 3 DIGITS OF JOB-6 DIGIT DATE (ADMIN ONLY)

JOB NUMBER-COMPLETE 1135-02575

JOB NAME Savannah Airport

JOB ADDRESS 400 Airways Ave Savannah, GA 31408

SAFETY TOPIC

TOOL BOX TRAINING COMPLETED? ☐Y ☐N

LOSS CAUSE	CODE	LOCATION	WEATHER
☐ FIRE	L00	RESIDENTIAL ALL	☐ HUMID
☐ WATER/FLOOD	L01	office	☐ TEMP
☐ WIND	L02		☐ SNOW
☑ MOLD	L03		☐ RAIN
☐ EARTHQUAKE	L04		☐ WINDY
☐	L05		☑
☐	L06		☐

RATE CLASS EXAMPLES	
APM	ASSISTANT PROJECT MGR
TN	TECHNICIAN (DRYING)
RS	RESTORATION SUPERVISO
RT	RESTORATION TECHNICIA
LF	LABOR FOREMAN
GL	GENERAL LABOR
DL	DAY/TEMP LABOR

CODE	VEHICLE NAME (TABLE)
529	PICKUP, SUV OR CAR
530	VAN, PASSENGER/CARGO
518	TRUCK-MOVING/BOX/BOARD UP
528	TRUCK, 3/4 TON PICKUP
527	TRUCK, 1 TON 4X4 W/LIFTGATE
453	TRUCK, EXTRACTION
N/A	NO VEHICLE

"X" AFTER ANY VEHICLE CODE TO INDICATE FOR TRANSPORTATION ONLY

FOR RENTAL CARS:

SHIFT-

PHASE CODE EXAMPLES: JBC-JOB CHECK & PHOTOS /JSS-JOB SUPPORT SUPERVISION/OFF-OFFICE ADMINISTRATION/OZO-OZONE/SAL-SALES/SBT-STAND BY TIME/SCC-STEAM CLEAN CARPET /TSH-TRASH /TVL-TRAVEL/CAB-CABINETRY/CON-CONTENT MANIPULATION/CLN-CLEANING /DEO-DEODORIZATION /DHU-DEHUMIDIFICATION /DMO-GENERAL DEMOLITION /DOR-DOORS /DRY-DRYWALL/ELE-ELECTRICAL /EME-EMERGENCY /EST-ESTIMATING /EQP-EQUIPMENT (SET UP-TAKE DOWN) /FNC-FENCE CARPENTRY/FUR-FURNITURE /FNH-FINISH HARDWARE /FRM-FRAMING /HAU-HAULING /LDS-LANDSCAPING /LIT-LIGHT FIXTURES /MDR-MOLD REMEDIATION /PLM-PLUMBING /PNT-PAINTING /PWA-POWERWASH /SEC-SECURITY /SEW-SEWER CLEAN UP/STK-STAIN KILL /TMP-TEMPORARY REPAIRS /WTR-WATER REMOVAL

OFFICE	ID#	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) PRINT FIRST THEN LAST NAME	RATE CLASS	24 HOUR CLOCK 24 HOUR START TIME	LUNCH START TIME / STOP TIME	24 HOUR STOP TIME	TOTAL HOURS BY PERSON / BY OTHER	LOCATION CODE	PHASE CODE "WHAT"	HOURS BY PHASE	SMALL TOOLS	PPE	PRE-FIT TEST	PPE-LICENSE	PER DIEM	SEE GUIDE SHEET HOTEL NAME CODE	HOTEL ROOM #	SHARE ROOM	SEE TABLE VEHICLE CODE	PERSONNEL NAME SIGNATURE-END OF SHIFT (YOUR SIGNATURE REPRESENTS THE APPROVAL TO PAY YOUR DOCUMENTED HOURS WORKED. A LACK OF SIGNATURE MAY RESULT IN UNTIMELY OR NO PAY)
01 1000	1161784	Carol Trego	AA	15:00	=	16:15	1.25	101	OFF	1.25	Y	Y	Y	Y	Y	X	X	Y	X VEHICLE ☐	Carol Trego VERIFIER
02 1000	1161784	Carol Trego	AA	16:30	=	18:00	1.50	101	OFF	1.50	Y	Y	Y	Y	Y	X	X	Y	X VEHICLE ☐	Carol Trego VERIFIER
03											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
04											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
05											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
06											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
07											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
08											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
09											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
10											Y	Y	Y	Y	Y			Y	RENTAL ☐	VERIFIER
11											Y	Y	Y	Y	Y			Y	RENTAL ☐	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 AS APPROVER MUST VERIFY & COMPLETE ALL OUTSTANDING ISSUES INCLUDING TOP SECTION OF FORM. ☐Y ☐N

STEP 3-TOTAL HRS (VERIFY TOTAL HRS)

THESE TWO TOTALS MUST MATCH

STEP 4-PHASE HRS (VERIFY TOTAL HRS) 2.75

VERIFICATION OF PTS DATA — STEP 5 - DOES THE PTS COVER: WHO ☐ WHEN ☐ WHERE ☐ WORK DESC: WHAT ☐ WHERE ☐ WHY ☐ HOW ☐

APPROVER SIGNATURE TO VERIFY FORM IS COMPLETED — STEP 6-APPROVER SIGNATURE

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

Added Additional paperwork. Extra time to fillout ECS sheets correctly & try to Read Receipts. Created Billing questions. Created draft. Scanned backup. Sent to internal Review.

FORM VERIFIER-PLEASE ENTER QUANTITY or "0" FOR ALL E&C PAGES INCLUDED WITH THIS SHEET- NONE ____ #OF PAGE 3 ____ # OF PAGE 4 ____ # OF PAGE 5 ____ RECEIPT TRACKING FORMS ____

V091514

BELFOR (●)
PROPERTY RESTORATION

EQUIPMENT AND CONSUMABLES USAGE

ECS DOC#	PTS DOC # (FILL IN)	DATE	SERVICE TYPE	JOB NUMBER	JOB NAME
EC130100	CU412428	10-27-2018	☐RESTORATION ☐CONTENTS ☐HVAC ☐RECONSTRUCTION ☐ELECTRONICS ☐HAZMAT		Savannah Airport

UNIT OF MEASURE CODES: CN-CAN / PR-PAIR / QT-QUART / GL-GALLON / EA-EACH / RL-ROLL / SF-SQ FT / BX-BOX / LB-POUND

PLEASE VERIFY YOUR CORRECT UNIT OF MEASURES BASED ON THE GUIDE SHEET UOM

ENTER CUBIC FT	ENTER SQUARE FT		PRINT NAME-PERSON COMPLETING FORM	CREW SHEET # (LS LOSS/OPTIONAL) LAST 3 DIGITS OF JOB-6 DIGIT DATE (ACHER ONLY)
FOGGING	DRYING	☐DEHUMIDIFICATION ☐STABILIZATION ☐CONDITIONED AIR	Edward Jones	– –

CONSUMABLE TRACKING

KEYCODE	QTY	UNIT OF MEASURE	LOCATION CODE	PHASE CODE
C- 0287	1	EA	LOO	MLD
C- 0299	2	PR	LOO	MLD
C- 269	1	GAL	LOO	MLD
C-				
C-				
C-				
C-				
C-				
C-				
C-				
C-				
C-				
C-				
C-				
C-				
C-				
C-				
C-				
C-				
C-				

EQUIPMENT TRACKING

EQUIPMENT ID #	KEYCODE	STATUS (POWER ONLY)	LOCATION CODE	PHASE CODE
40 T- 160302 EXT CORD☐Y	E- 0404	☑RUNNING ☐NOT RUNNING	LOO	MLD
41 T- 49624 EXT CORD☐Y	E- 0404	☑RUNNING ☐NOT RUNNING	LOO	MLD
42 T- EXT CORD☐Y	E-	☐RUNNING ☐NOT RUNNING		
43 T- EXT CORD☐Y	E-	☐RUNNING ☐NOT RUNNING		
44 T- EXT CORD☐Y	3	☐RUNNING ☐NOT RUNNING		
45 T- EXT CORD☐Y	E-	☐RUNNING ☐NOT RUNNING		
46 T- EXT CORD☐Y	E-	☐RUNNING ☐NOT RUNNING		
47 T- EXT CORD☐Y	E-	☐RUNNING ☐NOT RUNNING		
48 T- EXT CORD☐Y	E-	☐RUNNING ☐NOT RUNNING		
49 T- EXT CORD☐Y	E-	☐RUNNING ☐NOT RUNNING		
50 T- EXT CORD☐Y	E-	☐RUNNING ☐NOT RUNNING		
51 T- EXT CORD☐Y	E-	☐RUNNING ☐NOT RUNNING		
52 T- EXT CORD☐Y	E-	☐RUNNING ☐NOT RUNNING		
53 T- EXT CORD☐Y	E-	☐RUNNING ☐NOT RUNNING		
54 T- EXT CORD☐Y	E-	☐RUNNING ☐NOT RUNNING		
55 T- EXT CORD☐Y	E-	☐RUNNING ☐NOT RUNNING		
56 T- EXT CORD☐Y	E-	☐RUNNING ☐NOT RUNNING		
57 T- EXT CORD☐Y	E-	☐RUNNING ☐NOT RUNNING		
58 T- EXT CORD☐Y	E-	☐RUNNING ☐NOT RUNNING		
59 T- EXT CORD☐Y	E-	☐RUNNING ☐NOT RUNNING		

EQUIPMENT TRACKING

EQUIPMENT ID #	KEYCODE	STATUS (POWER ONLY)	LOCATION CODE	PHASE CODE
60 T- EXT CORD☐Y	E-	☐RUNNING ☐NOT RUNNING		
61 T-	E-	☐RUNNING ☐NOT RUNNING		
62 T-	E-	☐RUNNING ☐NOT RUNNING		
63 T-	E-	☐RUNNING ☐NOT RUNNING		
64 T-	E-	☐RUNNING ☐NOT RUNNING		
65 T-	E-	☐RUNNING ☐NOT RUNNING		
66 T-	E-	☐RUNNING ☐NOT RUNNING		
67 T-	E-	☐RUNNING ☐NOT RUNNING		
68 T-	E-	☐RUNNING ☐NOT RUNNING		
69 T-	E-	☐RUNNING ☐NOT RUNNING		
70 T-	E-	☐RUNNING ☐NOT RUNNING		
71 T-	E-	☐RUNNING ☐NOT RUNNING		
72 T-	E-	☐RUNNING ☐NOT RUNNING		
73 T-	E-	☐RUNNING ☐NOT RUNNING		
74 T-	E-	☐RUNNING ☐NOT RUNNING		
75 T-	E-	☐RUNNING ☐NOT RUNNING		
76 T-	E-	☐RUNNING ☐NOT RUNNING		
77 T-	E-	☐RUNNING ☐NOT RUNNING		
78 T-	E-	☐RUNNING ☐NOT RUNNING		
79 T-	E-	☐RUNNING ☐NOT RUNNING		

V051814