

Contractor
Contract No.
Service

Ganir
CT-DFM-1200111
Janitorial

Tasks	District 2 HPD Kuhio Beach Station	District 2 HPD District 6 & 7 Station	District 2 Kapahulu Vehicle Inspection Station	District 2 Waialae Kahala Transit Center/Hub (Bicycling Staging)
Office Area				
Floor-Tile		Daily	Daily	
Floor-Carpet		Daily	Daily	
Furniture		Daily	Daily	
Wall				
Ceiling				
Restrooms				3 x week
Floor		Daily	Daily	" "
Wall				
Sink		Daily	Daily	" "
Toilet		Daily	Daily	" "
Urinal				
Sink				
Shower				
Kitchen/breakroom		Daily	Daily	" "
Floor		Daily	Daily	" "
Wall				
Ceiling				
Sink				
Counter				
Conference Room				
Floor				
Wall				
Ceiling				
Room				
Floor				
Wall				
Ceiling				
Lockers				
General				
Hallway				
Elevator				
Storage Room		Daily	Daily	
Window & Glass		Daily	Daily	

Instructions

requirements must be noted on the attached Exceptions form. All forms must be signed by an authorized representative of the contractor.

Attestation

By signing below, I hereby attest that the above is true and correct and that all locations were serviced to meet the requirements of the contract. Any exceptions to fully meeting the requirements are noted on the attached Exceptions form.



(signature)

02 / 28 / 11

(date)

FIORENCIA GALANG

(print name and title of above)

Contractor
Contract No.
Service

Ganir
CT-DFM-1200111
Janitorial

Tasks	District 2	District 2	District 2	District 2	District 2
	HPD Kūhio Beach Station	HPD District 6 & 7 Station	Kapahulu Vehicle Inspection Station	Waialae Kahala Transit Center/Hub (Bicycling Staging)	Waikiki
Office Area	Daily				
Floor-Tile	Daily				
Floor-Carpet	Daily				
Furniture	Daily				
Wall	Daily				
Ceiling	1 - MONTH				
Restrooms					
Floor	Daily				
Wall	1 - Week				
Sink	Daily				
Toilet	Daily				
Urinal	N/A Daily				
Sink	Daily				
Shower	N/A				
Kitchen/breakroom	N/A				
Floor					
Wall					
Ceiling					
Sink					
Counter					
Conference Room	N/A				
Floor					
Wall					
Ceiling					
Room					
Floor					
Wall					
Ceiling					
Lockers					
General	N/A				
Hallway	N/A				
Elevator	N/A				
Storage Room	Daily				
Window & Glass	1 - Week				

Instructions

Indicate in the space provided above the date(s) serviced by the contractor for each locations. Any exceptions to fully meeting the requirements must be noted on the attached Exceptions form. All forms must be signed by an authorized representative of the contractor.

Attestation

By signing below, I hereby attest that the above is true and correct and that all locations were serviced to meet the requirements of the contract. Any exceptions to fully meeting the requirements are noted on the attached Exceptions form.

Marilyn Singuego
(signature)

02/28-12
(date)

Marilyn Singuego
(print name and title of above)