



Contractor **NAM**  
 Contract No. **CT-DFM-1200110**  
 Service **Janitorial**

Tasks	District 9 Kahuku Police Station	District 9 Kaaawa	District 9 Kahuku	District 9 Kawela
<b>Office Area</b>				
Floor-Tile	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
Floor-Carpet	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
Furniture	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
Wall				
Ceiling				
<b>Restrooms</b>				
Floor	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
Wall	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
Sink	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
Toilet	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
Urinal	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
Sink	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
Shower	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
<b>Kitchen/breakroom</b>				
Floor	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
Wall	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
Ceiling	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
Sink	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
Counter	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
<b>Conference Room</b>				
Floor	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
Wall	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
Ceiling	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
<b>Room</b>				
Floor	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
Wall	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
Ceiling	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
<b>Lockers</b>				
<b>General</b>				
Hallway	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			
Elevator				
Storage Room				
Window & Glass	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4			

**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.

  
 (signature)

3/4/2012  
 (date)

**Michael Castillo - Project Manager**  
 (print name and title of above)



Contractor **NAM**  
 Contract No. **CT-DFM-1200110**  
 Service **Janitorial**

Tasks	District 4	District 4	District 4
	Hawaii Kai Satellite City Hall	Waimanalo Ridge	Kokohead
<b>Office Area</b>			
Floor-Tile	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4		
Floor-Carpet	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4		
Furniture	3/2/2012		
Wall	3/2/2012		
Ceiling			
<b>Restrooms</b>			
Floor	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4		
Wall	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4		
Sink	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4		
Toilet	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4		
Urinal	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4		
Sink	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4		
Shower			
<b>Kitchen/breakroom</b>			
Floor	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4		
Wall	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4		
Ceiling	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4		
Sink	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4		
Counter			
<b>Conference Room</b>			
Floor	3/9, 3/16, 3/23, 3/31		
Wall	3/9, 3/16, 3/23, 3/31		
Ceiling	4/2/2012		
<b>Room</b>			
Floor	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4		
Wall	4/2/2012		
Ceiling	4/2/2012		
Lockers			
<b>General</b>			
Hallway	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4		
Elevator			
Storage Room			
<b>Window &amp; Glass</b>	3/5, 3/7, 3/9, 3/12, 3/14, 3/16, 3/19, 3/21, 3/23, 3/26, 3/28, 3/30, 4/2, 4/4		

**Instructions**

Indicate in the space provided above the date(s) serviced by the contractor for each locations.  
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**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)

4/4/2012  
 \_\_\_\_\_  
 (date)

**Michael Castilo - Project Manager**  
 \_\_\_\_\_  
 (print name and title of above)



