Y2Kleening
CT-DFM-1200112
Janitorial

Tasks	District 6 Fire Support Services Facility	District 6 Kapolei Police Station/Cell Block	District 6 Kapolei Hale	District 6 Waipahu Incinerator	District 6 Waipahu Transit Center				
Office Area									
Floor-Tile	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3, 5,10,12,17,19,24,2					
Floor-Carpet	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3, 5,10,12,17,19,24,2					
Furniture	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3, 5,10,12,17,19,24,2					
Wall	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3,5,10,12,17;17; 24,26,31					
Ceiling	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3, 5,10,12,17,19,24,2					
Restrooms									
Floor	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3, 5,10,12,17,19,24,2	7/1-7/31				
Wall	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3, 5,10,12,17,19,24,2	7/1-7/31				

Sink	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3, 5,10,12,17,19,24,2	7/1-7/31				
Toilet	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3, 5,10,12,17,19,24,2	7/1-7/31				
Urinal	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3, 5,10,12,17,19,24,2	7/1-7/31				
Sink	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3, 5,10,12,17,19,24,2	7/1-7/31				
Shower		7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3, 5,10,12,17,19,24,2					
Kitchen/breakroom									
Floor	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3, 5,10,12,17,19,24,2					
Wall	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3, 5,10,12,17,19,24,2					
Ceiling	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3, 5,10,12,17,19,24,2					

Sink	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3, 5,10,12,17,19,24,2					
Counter	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3, 5,10,12,17,19,24,2					
Conference Room									
Floor	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3,5,10,12,17,19,2					
Wall	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3,5,10,12,17,19,2					
Ceiling	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3,5,10,12,17,19,2					
Room									
Floor	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31						
Wall	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31						

Ceiling	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31						
Lockers	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31						
General									
Hallway	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3, 5,10,12,17,19,24,2					
Elevator		7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31						
Storage Room	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3,5,10,12,17,19,2	7/1-7/31				
Window & Glass	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/3, 5,10,12,17,19,24,2					

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 t

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) 7/31/12 (date)

Roxanne Kamole, VP
(print name and title of above)

Y2Kleening
CT-DFM-1200112
Janitorial

Tasks	District 7 Pearl City Corporation Yard	District 7 Pearlridge Satellite City Hall	District 7 Mililani Transit Center
Office Area			
Floor-Tile	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	
Floor-Carpet	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	
Furniture	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	
Wall	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	
Ceiling	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	
Restrooms			

Floor	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/1-7/31
Wall	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/1-7/31
Sink	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/1-7/31
Toilet	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/1-7/31
Urinal	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/1-7/31
Sink	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/1-7/31
Shower	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	
Kitchen/breakroom			
Floor	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	

Wall	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31		
Ceiling	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31		
Sink	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31		
Counter	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31		
Conference Room				
Floor	7/2-7/6,7/9-7/13,7/1	7/2-7/6,7/9-7/13,7/1	7/3,5,10,12,17,19,2	
Wall	7/2-7/6,7/9-7/13,7/1	7/2-7/6,7/9-7/13,7/1	7/1-7/6,7/9-7/13,7/1	
Ceiling	7/2-7/6,7/9-7/13,7/1	7/2-7/6,7/9-7/13,7/1	7/1-7/6,7/9-7/13,7/1	7/2-7/6,7/9-7/13,7/1
Room				

Floor	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	
Wall	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	
Ceiling	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	
Lockers	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	
General			
Hallway	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	
Elevator			7/1-731
Storage Room	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/1-731
Window & Glass	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	7/2-7/6,7/9-7/13, 7/16-7/20,7/23-7/27,7/30-31	

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 t

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] 7/31/12

(signature) (date)

Roxanne Kamalu, VP

(print name and title of above)