Contractor Y2Kleening
Contract No. CT-DFM-1200112
Service 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		SPECIAL DUTY KAPOLEI POLICE		
Office Area									
Floor-Tile	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28				STRIP & WAX 9/15		
Floor-Carpet	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27					
Furniture	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27					
Wall	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27					
Ceiling	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27					
Restrooms									
Floor	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27	9/1-9/30				
Wall	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27	9/1-9/30				
Sink	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27	9/1-9/30				
Toilet	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27	9/1-9/30				

Urinal	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27	9/1-9/30				
Sink	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27	9/1-9/30				
Shower	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28		9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27					
Kitchen/breakroom									
Floor	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27					
Wall	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27					
Ceiling	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27					
Sink	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27					
Counter	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27					
Conference Room									
Floor	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27					

Wall	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27					
Ceiling	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27					
Room									
Floor	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27					
Wall	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27					
Ceiling	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28		9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27					
Lockers	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27					
General									
Hallway	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28						
Elevator	9/3-9/7,9/10-9/14,9/	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28						
Storage Room	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27	9/1-9/30				

Window & Glass	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/4,9/6,9/11,9/13,9/18,9/20,9/25,9/27					

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

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

(signature) 9/29/12 (date)

(print name and title of above)

Contractor **Y2Kleening**
Contract No. **CT-DFM-1200112**
Service **Janitorial**

Tasks	**District 7** Pearl City Corporation Yard	**District 7** Pearlridge Satellite City Hall	**District 7** Mililani Transit Center	SPECIAL SERVICE
Office Area				
Floor-Tile	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28		
Floor-Carpet	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28		
Furniture	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28		
Wall	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28		

Ceiling	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	
Restrooms			
Floor	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/1-9/30
Wall	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/1-9/30
Sink	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/1-9/30
Toilet	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/1-9/30
Urinal	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/1-9/30
Sink	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/1-9/30
Shower	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28		
Kitchen/breakroom			
Floor	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	

Wall	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	
Ceiling	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	
Sink	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	
Counter	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	
Conference Room			
Floor	9/3-9/7,9/10-9/14,9/	9/3-9/7,9/10-9/14,9/	9/1-9/30
Wall	9/3-9/7,9/10-9/14,9/	9/3-9/7,9/10-9/14,9/	9/1-9/30
Ceiling	9/3-9/7,9/10-9/14,9/	9/3-9/7,9/10-9/14,9/	9/1-9/30
Room			
Floor	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	
Wall	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	

Ceiling	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	
Lockers	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28		
General			
Hallway	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	
Elevator			9/1-9/30
Storage Room	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/1-9/30
Window & Glass	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	9/3-9/7,9/10-9/14,9/17-9/21,9/24-9/28	

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

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

(signature) 9/29/12 (date)

Roxanne Kamola
(print name and title of above)