QUALITY CONTROL INSPECTION REPORT
JANITORIAL SERVICES
(Exhibit A-1)

QUALITY CONTROL INSPECTION REPORT
JANITORIAL SERVICES

CITY & COUNTY OF HONOLULU **DEPARMENT OF:**

Location: Hawaii Kai Satelitte City Hall Date of Inspection: 2/27

	Please check off appropriate box:				FOR OFFICAL USE ONLY:		
Task:	Meets Specs:	Meets specs. w/ exception	Doesn't meet exceptions:	Remarks:	Acceptable	Unacceptable	Remarks:
OFFICE AREA							
Floor-Tile	Yes						
Floor-Carpet	✓						
Furniture							
Wall	✓						
Ceiling	✓						
RESTROOMS							
Floor							
Wall							
Sink							
Toilet							
Urinal							
Sink							
Shower							
KITCHEN/BREAKROOM							
Floor	Yes						
Wall	✓						
Ceiling	✓						
Sink	✓						
Counter	✓						

Exhibit A-1

CONFERENCE ROOM							
Floor	✓						
Wall	✓						
Ceiling	✓						
ROOM	✓						
Floor	✓						
Wall	✓						
Ceiling	✓						
Lockers							
GENERAL	✓						
Hallway	✓						
Elevator							
Storage Room							
Window & Glass	✓						

OVERALL EVALUATION (COMMENTS REQUIRED):

Inspected By: X [signature]

Department Representative:

[ ] Accept [ ] Reject

Authorized Signature

Exhibit A-1