

Contractor
Contract No.
Service

Ganlr
CT-DFM-1200111
Janitorial

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

01/31/12

(date)

FLORENCIA V. 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 Kuhio Beach Station	HPD District 6 & 7 Station	Kapahulu Vehicle Inspection Station	Walalae Kahala Transit Center/Hub (Bicycling Staging)	Waikiki
Office Area					
Floor-Tile	Daily				
Floor-Carpet	N/A				
Furniture	Daily				
Wall	Daily				
Ceiling	3x Quarterly				
Restrooms					
Floor	Daily				
Wall	Daily				
Sink	Daily				
Toilet	Daily				
Urinal	Daily				
Sink	Daily				
Shower	N/A				
Kitchen/breakroom	N/A				
Floor					
Wall					
Ceiling					
Sink	Daily				
Counter	Daily				
Conference Room	N/A				
Floor	N/A				
Wall	N/A				
Ceiling	N/A				
Room					
Floor	N/A				
Wall	N/A				
Ceiling	N/A				
Lockers	N/A				
General					
Hallway	Daily				
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.

MariLou Sinfuego
(signature)

01-31-12
(date)

MARILOU SINFUEGO
(print name and title of above)