# EXCEPTIONS

**Contractor** NAM, LLC

**Contract No.** CT-DFM-1200110

**Service** JANITORIAL SERVICE

**Exceptions**

| Site | Date | Remark |
|---|---|---|
| | 10/05/12 -11/04/12 | |
| Oahu Workforce (OWIB) | | Location is closed down |
| DIT cleaning cancelled in all districts | | |

Attestation Stated month of September meets all specs with the attached exceptions.

Sign HBK

Date 11/04/12

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

1

| Tasks | District 1 Ala Moana Satellite City Hall | District 1 Government Office Building | District 1 Fort Street Satellite City Hall | District 1 Prosecuting Attorney's Office | District 1 Traffic Control Center | District 1 Traffic Coning Yard | District 1 Chinatown Gateway, Motor | District 1 HFD Headquarters | District 1 Dan Liu Building | District 1 HPD Alarm Tracking and Billing Unit | District 1 Oahu Workforce (OWIB) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Office Area** | | | | | | | | | | | |
| Floor-Tile | /19, 10/22-10/26, 1 | 17, 10/19, 10/22, 10/24, 1 | 10/19, 10/22-10/26, 10/2 | 10/19, 10/22, 10/2 | /17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | /19, 10/22-10/26, 1 | /19, 10/22-10/26, 1 | 10/19, 10/22, 10/2 | /16, 10/18, 10/23, 10/ | 25, 10/30, 11/1 |
| Floor-Carpet | /19, 10/22-10/26, 1 | 17, 10/19, 10/22, 10/24, 1 | 10/19, 10/22-10/26, 10/2 | 10/19, 10/22, 10/2 | /17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | /19, 10/22-10/26, 1 | /19, 10/22-10/26, 1 | 10/19, 10/22, 10/2 | /16, 10/18, 10/23, 10/ | 25, 10/30, 11/1 |
| Furniture | /19, 10/22-10/26, 1 | 17, 10/19, 10/22, 10/24, 1 | 10/19, 10/22-10/26, 10/2 | 10/19, 10/22, 10/2 | /17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | /19, 10/22-10/26, 1 | /19, 10/22-10/26, 1 | 10/19, 10/22, 10/2 | /16, 10/18, 10/23, 10/ | 25, 10/30, 11/1 |
| Wall | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | |
| Ceiling | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | |
| **Restrooms** | | | | | | | | | | | |
| Floor | /19, 10/22-10/26, 1 | 17, 10/19, 10/22, 10/24, 1 | 10/19, 10/22-10/26, 10/2 | 10/19, 10/22, 10/2 | /17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | /19, 10/22-10/26, 1 | /19, 10/22-10/26, 1 | 10/19, 10/22, 10/2 | /16, 10/18, 10/23, 10/ | 25, 10/30, 11/1 |
| Wall | /19, 10/22-10/26, 1 | 17, 10/19, 10/22, 10/24, 1 | 10/19, 10/22-10/26, 10/2 | 10/19, 10/22, 10/2 | /17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | /19, 10/22-10/26, 1 | /19, 10/22-10/26, 1 | 10/19, 10/22, 10/2 | /16, 10/18, 10/23, 10/ | 25, 10/30, 11/1 |
| Sink | /19, 10/22-10/26, 1 | 17, 10/19, 10/22, 10/24, 1 | 10/19, 10/22-10/26, 10/2 | 10/19, 10/22, 10/2 | /17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | /19, 10/22-10/26, 1 | /19, 10/22-10/26, 1 | 10/19, 10/22, 10/2 | /16, 10/18, 10/23, 10/ | 25, 10/30, 11/1 |
| Toilet | /19, 10/22-10/26, 1 | 17, 10/19, 10/22, 10/24, 1 | 10/19, 10/22-10/26, 10/2 | 10/19, 10/22, 10/2 | /17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | /19, 10/22-10/26, 1 | /19, 10/22-10/26, 1 | 10/19, 10/22, 10/2 | /16, 10/18, 10/23, 10/ | 25, 10/30, 11/1 |
| Urinal | /19, 10/22-10/26, 1 | 17, 10/19, 10/22, 10/24, 1 | 10/19, 10/22-10/26, 10/2 | 10/19, 10/22, 10/2 | /17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | /19, 10/22-10/26, 1 | /19, 10/22-10/26, 1 | 10/19, 10/22, 10/2 | /16, 10/18, 10/23, 10/ | 25, 10/30, 11/1 |
| Sink | /19, 10/22-10/26, 1 | 17, 10/19, 10/22, 10/24, 1 | 10/19, 10/22-10/26, 10/2 | 10/19, 10/22, 10/2 | /17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | /19, 10/22-10/26, 1 | /19, 10/22-10/26, 1 | 10/19, 10/22, 10/2 | /16, 10/18, 10/23, 10/ | 25, 10/30, 11/1 |
| Shower | | | | | | | | | | | |
| **Kitchen/breakroom** | | | | | | | | | | | |
| Floor | /19, 10/22-10/26, 1 | 17, 10/19, 10/22, 10/24, 1 | 10/19, 10/22-10/26, 10/2 | 10/19, 10/22, 10/2 | /17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | /19, 10/22-10/26, 1 | /19, 10/22-10/26, 1 | 10/19, 10/22, 10/2 | /16, 10/18, 10/23, 10/ | 25, 10/30, 11/1 |
| Wall | /19, 10/22-10/26, 1 | 17, 10/19, 10/22, 10/24, 1 | 10/19, 10/22-10/26, 10/2 | 10/19, 10/22, 10/2 | /17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | /19, 10/22-10/26, 1 | /19, 10/22-10/26, 1 | 10/19, 10/22, 10/2 | /16, 10/18, 10/23, 10/ | 25, 10/30, 11/1 |
| Ceiling | /19, 10/22-10/26, 1 | 17, 10/19, 10/22, 10/24, 1 | 10/19, 10/22-10/26, 10/2 | 10/19, 10/22, 10/2 | /17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | /19, 10/22-10/26, 1 | /19, 10/22-10/26, 1 | 10/19, 10/22, 10/2 | /16, 10/18, 10/23, 10/ | 25, 10/30, 11/1 |
| Sink | /19, 10/22-10/26, 1 | 17, 10/19, 10/22, 10/24, 1 | 10/19, 10/22-10/26, 10/2 | 10/19, 10/22, 10/2 | /17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | /19, 10/22-10/26, 1 | /19, 10/22-10/26, 1 | 10/19, 10/22, 10/2 | /16, 10/18, 10/23, 10/ | 25, 10/30, 11/1 |
| Counter | /19, 10/22-10/26, 1 | 17, 10/19, 10/22, 10/24, 1 | 10/19, 10/22-10/26, 10/2 | 10/19, 10/22, 10/2 | /17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | /19, 10/22-10/26, 1 | /19, 10/22-10/26, 1 | 10/19, 10/22, 10/2 | /16, 10/18, 10/23, 10/ | 25, 10/30, 11/1 |
| **Conference Room** | | | | | | | | | | | |
| Floor | 10/19, 10/22, 10/2 | 17, 10/19, 10/22, 10/24, 1 | 10/19, 10/22-10/26, 10/2 | 10/19, 10/22, 10/2 | /17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | /16, 10/18, 10/23, 10/ | 25, 10/30, 11/1 |
| Wall | 10/19, 10/22, 10/2 | 17, 10/19, 10/22, 10/24, 1 | 10/19, 10/22-10/26, 10/2 | 10/19, 10/22, 10/2 | /17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | /16, 10/18, 10/23, 10/ | 25, 10/30, 11/1 |
| Ceiling | 10/19, 10/22, 10/2 | 17, 10/19, 10/22, 10/24, 1 | 10/19, 10/22-10/26, 10/2 | 10/19, 10/22, 10/2 | /17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | /16, 10/18, 10/23, 10/ | 25, 10/30, 11/1 |
| **Room** | | | | | | | | | | | |
| Floor | 10/19, 10/22, 10/2 | 17, 10/19, 10/22, 10/24, 1 | 10/19, 10/22-10/26, 10/2 | 10/19, 10/22, 10/2 | /17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | /16, 10/18, 10/23, 10/ | 25, 10/30, 11/1 |
| Wall | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | |
| Ceiling | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | |
| Lockers | | | | | | | 10/9, 10/11, 10/ | 16, 10/18, 10/23, 10/ | 25, 10/30, 11/1 | | |
| **General** | | | | | | | | | | | |
| Hallway | /19, 10/22-10/26, 1 | -10/19, 10/22-10/26, 10/2 | 10/19, 10/22-10/26, 10/2 | /19, 10/22-10/26, 1 | 6-10/19, 10/22-10/26, 10/24 | 5-10/19, 10/22-10/26, 10/24- | /19, 10/22-10/26, 1 | /19, 10/22-10/26, 1 | /19, 10/22-10/26, 1 | 10/12, 10/19, 10/26, | 11/2 |
| Elevator | | | | | | | | 10/4/2012 | | | |
| Storage Room | | | | | | | | | | | |
| Window & Glass | 9/18, 9/20, 9/25, 9/ | 13, 9/18, 9/20, 9/25, 9/27 | 3, 9/18, 9/20, 9/25, 9/27 | 9/18, 9/20, 9/25, 9 | /13, 9/18, 9/20, 9/25, 9/27, | 9/13, 9/18, 9/20, 9/25, 9/27, 1 | 9/18, 9/20, 9/25, 9 | 9/18, 9/20, 9/25, 9 | 9/18, 9/20, 9/25, 9 | 9/18, 9/20, 9/25, 9/ | 27, 10/2, 10/4 |

**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.

Michael Castillo
(signature)

11/4/2012
(date)

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

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

| Tasks | District 3 HFD Fire Training Center | District 3 Airport Industrial Park Bldg. | District 3 DHR Health Services Offices | District 3 City Square Driver's License Facility | District 3 Kalihi Palama Satellite City Hall | District 3 Medical Examiner's Facility | District 3 Sand Island Wastewater Treatment Plant | District 3 Keehi Transfer Station | District 3 SP – Youth Service Center | District 3 Oahu Work Links | District 3 Aliamanu |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Office Area** | | | | | | | | | | | |
| Floor-Tile | 10/19, 10/22, 10/2 | -10/19, 10/22-10/26, 10/2 | 10/19, 10/22-10/26, 10/2 | 19, 10/22-10/26, 1 | 6-10/19, 10/22-10/26, 10/24 | 5-10/19, 10/22-10/26, 10/24- | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/24 | 10/26, 10/29, 10/31 |
| Floor-Carpet | 10/19, 10/22, 10/2 | -10/19, 10/22-10/26, 10/2 | 10/19, 10/22-10/26, 10/2 | 19, 10/22-10/26, 1 | 6-10/19, 10/22-10/26, 10/24 | 5-10/19, 10/22-10/26, 10/24- | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/24 | 10/26, 10/29, 10/31 |
| Furniture | 10/19, 10/22, 10/2 | -10/19, 10/22-10/26, 10/2 | 10/19, 10/22-10/26, 10/2 | 19, 10/22-10/26, 1 | 6-10/19, 10/22-10/26, 10/24 | 5-10/19, 10/22-10/26, 10/24- | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/24 | 10/26, 10/29, 10/31 |
| Wall | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | |
| Ceiling | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | |
| **Restrooms** | | | | | | | | | | | |
| Floor | 10/19, 10/22, 10/2 | -10/19, 10/22-10/26, 10/2 | 10/19, 10/22-10/26, 10/2 | 19, 10/22-10/26, 1 | 6-10/19, 10/22-10/26, 10/24 | 5-10/19, 10/22-10/26, 10/24- | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/24 | 10/26, 10/29, 10/31 |
| Wall | 10/19, 10/22, 10/2 | -10/19, 10/22-10/26, 10/2 | 10/19, 10/22-10/26, 10/2 | 19, 10/22-10/26, 1 | 6-10/19, 10/22-10/26, 10/24 | 5-10/19, 10/22-10/26, 10/24- | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/24 | 10/26, 10/29, 10/31 |
| Sink | 10/19, 10/22, 10/2 | -10/19, 10/22-10/26, 10/2 | 10/19, 10/22-10/26, 10/2 | 19, 10/22-10/26, 1 | 6-10/19, 10/22-10/26, 10/24 | 5-10/19, 10/22-10/26, 10/24- | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/24 | 10/26, 10/29, 10/31 |
| Toilet | 10/19, 10/22, 10/2 | -10/19, 10/22-10/26, 10/2 | 10/19, 10/22-10/26, 10/2 | 19, 10/22-10/26, 1 | 6-10/19, 10/22-10/26, 10/24 | 5-10/19, 10/22-10/26, 10/24- | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/24 | 10/26, 10/29, 10/31 |
| Urinal | 10/19, 10/22, 10/2 | -10/19, 10/22-10/26, 10/2 | 10/19, 10/22-10/26, 10/2 | 19, 10/22-10/26, 1 | 6-10/19, 10/22-10/26, 10/24 | 5-10/19, 10/22-10/26, 10/24- | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/24 | 10/26, 10/29, 10/31 |
| Sink | 10/19, 10/22, 10/2 | -10/19, 10/22-10/26, 10/2 | 10/19, 10/22-10/26, 10/2 | 19, 10/22-10/26, 1 | 6-10/19, 10/22-10/26, 10/24 | 5-10/19, 10/22-10/26, 10/24- | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/24 | 10/26, 10/29, 10/31 |
| Shower | | | | | | 10/5, | 10/12, 10/19, 10/26 | 16, 10/18, 10/23, 10 | /25, 10/30, 11/1 | | |
| **Kitchen/breakroom** | | | | | | | | | | | |
| Floor | /19, 10/22-10/26, 1 | -10/19, 10/22-10/26, 10/2 | 10/19, 10/22-10/26, 10/2 | 19, 10/22-10/26, 1 | 6-10/19, 10/22-10/26, 10/24 | 5-10/19, 10/22-10/26, 10/24- | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/24 | 10/26, 10/29, 10/31 |
| Wall | /19, 10/22-10/26, 1 | -10/19, 10/22-10/26, 10/2 | 10/19, 10/22-10/26, 10/2 | 19, 10/22-10/26, 1 | 6-10/19, 10/22-10/26, 10/24 | 5-10/19, 10/22-10/26, 10/24- | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/24 | 10/26, 10/29, 10/31 |
| Ceiling | /19, 10/22-10/26, 1 | -10/19, 10/22-10/26, 10/2 | 10/19, 10/22-10/26, 10/2 | 19, 10/22-10/26, 1 | 6-10/19, 10/22-10/26, 10/24 | 5-10/19, 10/22-10/26, 10/24- | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/24 | 10/26, 10/29, 10/31 |
| Sink | /19, 10/22-10/26, 1 | -10/19, 10/22-10/26, 10/2 | 10/19, 10/22-10/26, 10/2 | 19, 10/22-10/26, 1 | 6-10/19, 10/22-10/26, 10/24 | 5-10/19, 10/22-10/26, 10/24- | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/24 | 10/26, 10/29, 10/31 |
| Counter | /19, 10/22-10/26, 1 | -10/19, 10/22-10/26, 10/2 | 10/19, 10/22-10/26, 10/2 | 19, 10/22-10/26, 1 | 6-10/19, 10/22-10/26, 10/24 | 5-10/19, 10/22-10/26, 10/24- | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/24 | 10/26, 10/29, 10/31 |
| **Conference Room** | | | | | | | | | | | |
| Floor | 10/19, 10/22, 10/2 | 17, 10/19, 10/22, 10/24, 1 | 7, 10/19, 10/22, 10/24, | 10/19, 10/22, 10/2 | 17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/24 | /16, 3/19, 3/21, 3/23 |
| Wall | 10/19, 10/22, 10/2 | 17, 10/19, 10/22, 10/24, 1 | 7, 10/19, 10/22, 10/24, | 10/19, 10/22, 10/2 | 17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/24 | /16, 3/19, 3/21, 3/23 |
| Ceiling | 10/19, 10/22, 10/2 | 17, 10/19, 10/22, 10/24, 1 | 7, 10/19, 10/22, 10/24, | 10/19, 10/22, 10/2 | 17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/24 | /16, 3/19, 3/21, 3/23 |
| **Room** | | | | | | | | | | | |
| Floor | /19, 10/22-10/26, 1 | -10/19, 10/22-10/26, 10/2 | 10/19, 10/22-10/26, 10/2 | 19, 10/22-10/26, 1 | 6-10/19, 10/22-10/26, 10/24 | 5-10/19, 10/22-10/26, 10/24- | 16, 10/18, 10/23, 10 | 16, 10/18, 10/23, 10 | 16, 10/18, 10/23, 10 | 16, 10/18, 10/23, 10 | /25, 10/30, 11/1 |
| Wall | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | |
| Ceiling | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | |
| Lockers | | | | | | | 11/2/2012 | 11/2/2012 | | | |
| **General** | | | | | | | | | | | |
| Hallway | 10/19, 10/22, 10/2 | 17, 10/19, 10/22, 10/24, 1 | 7, 10/19, 10/22, 10/24, | 10/19, 10/22, 10/2 | 17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/24 | 10/26, 10/29, 10/31 |
| Elevator | | /5, 10/12, 10/19, 10/26, 1 | 1/2 | | | | | | | | |
| Storage Room | | | | | | | | | | | |
| Window & Glass | 10/19, 10/22, 10/2 | 17, 10/19, 10/22, 10/24, 1 | 7, 10/19, 10/22, 10/24, | 10/19, 10/22, 10/2 | 17, 10/19, 10/22, 10/24, 10 | 0/17, 10/19, 10/22, 10/24, 10 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/19, 10/22, 10/2 | 10/12, 10/19, 10/26, | 11/2 |

**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 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.

Michael Castillo
(signature)

11/4/2012
(date)

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

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

| Tasks | District 4<br>Hawaii Kai<br>Satellite City Hall | District 4<br>Waimanalo Ridge | District 4<br>Kokohead |
|---|---|---|---|
| **Office Area** | | | |
| Floor-Tile | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | |
| Floor-Carpet | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | |
| Furniture | 10/4/2012 | | |
| Wall | 10/4/2012 | | |
| Ceiling | | | |
| **Restrooms** | | | |
| Floor | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | |
| Wall | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | |
| Sink | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | |
| Toilet | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | |
| Urinal | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | |
| Sink | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | |
| Shower | | | |
| **Kitchen/breakroom** | | | |
| Floor | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | |
| Wall | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | |
| Ceiling | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | |
| Sink | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | |
| Counter | | | |
| **Conference Room** | | | |
| Floor | 10/12, 10/19, 10/26, 11/2 | | |
| Wall | 10/12, 10/19, 10/26, 11/2 | | |
| Ceiling | 10/4/2012 | | |
| **Room** | | | |
| Floor | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | |
| Wall | 10/4/2012 | | |
| Ceiling | 10/4/2012 | | |
| Lockers | | | |
| **General** | | | |
| Hallway | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | |
| Elevator | | | |
| Storage Room | | | |
| **Window & Glass** | 10/19, 10/22, 10/24, 10/26, 10/29, 10/31, 10/1, 11/2 | | |

**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 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.

Michael Castillo
(signature)

**11/4/2012**
(date)

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

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

| Tasks | District 8<br>Koolau Driver's License Office | District 8<br>Windward City Satellite City Hall | District 8<br>Kapaa Quarry AES Yard | District 8<br>Kailua Satellite City Hall | District 8<br>Kailua Wastewater Treatment Plant | District 8<br>Kapaa Transfer Station | District 8<br>Puu Papaa | District 8<br>Aikahi |
|---|---|---|---|---|---|---|---|---|
| **Office Area** | | | | | | | | |
| Floor-Tile | /19, 10/22-10/26, 1 | 10/19, 10/22-10/26, 10/2 | 7, 10/19, 10/22, 10/24, | /19, 10/22-10/26, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/26, 10/29, 10/31, 10/1, 11/2 | |
| Floor-Carpet | /19, 10/22-10/26, 1 | 10/19, 10/22-10/26, 10/2 | 7, 10/19, 10/22, 10/24, | /19, 10/22-10/26, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/26, 10/29, 10/31, 10/1, 11/2 | |
| Furniture | /19, 10/22-10/26, 1 | 10/19, 10/22-10/26, 10/2 | 7, 10/19, 10/22, 10/24, | /19, 10/22-10/26, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/26, 10/29, 10/31, 10/1, 11/2 | |
| Wall | 10/4/2012 | 10/4/2012 | 10/4/2012 | 10/4/2012 | 10/4/2012 | 10/4/2012 | | |
| Ceiling | 10/4/2012 | 10/4/2012 | 10/4/2012 | 10/4/2012 | 10/4/2012 | 10/4/2012 | | |
| **Restrooms** | | | | | | | | |
| Floor | /19, 10/22-10/26, 1 | 10/19, 10/22-10/26, 10/2 | 7, 10/19, 10/22, 10/24, | /19, 10/22-10/26, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/26, 10/29, 10/31, 10/1, 11/2 | |
| Wall | /19, 10/22-10/26, 1 | 10/19, 10/22-10/26, 10/2 | 7, 10/19, 10/22, 10/24, | /19, 10/22-10/26, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/26, 10/29, 10/31, 10/1, 11/2 | |
| Sink | /19, 10/22-10/26, 1 | 10/19, 10/22-10/26, 10/2 | 7, 10/19, 10/22, 10/24, | /19, 10/22-10/26, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/26, 10/29, 10/31, 10/1, 11/2 | |
| Toilet | /19, 10/22-10/26, 1 | 10/19, 10/22-10/26, 10/2 | 7, 10/19, 10/22, 10/24, | /19, 10/22-10/26, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/26, 10/29, 10/31, 10/1, 11/2 | |
| Urinal | /19, 10/22-10/26, 1 | 10/19, 10/22-10/26, 10/2 | 7, 10/19, 10/22, 10/24, | /19, 10/22-10/26, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/26, 10/29, 10/31, 10/1, 11/2 | |
| Sink | /19, 10/22-10/26, 1 | 10/19, 10/22-10/26, 10/2 | 7, 10/19, 10/22, 10/24, | /19, 10/22-10/26, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/26, 10/29, 10/31, 10/1, 11/2 | |
| Shower | | | | | | | | |
| **Kitchen/breakroom** | | | | | | | | |
| Floor | /19, 10/22-10/26, 1 | 10/19, 10/22-10/26, 10/2 | 7, 10/19, 10/22, 10/24, | /19, 10/22-10/26, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/26, 10/29, 10/31, 10/1, 11/2 | |
| Wall | /19, 10/22-10/26, 1 | 10/19, 10/22-10/26, 10/2 | 7, 10/19, 10/22, 10/24, | /19, 10/22-10/26, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/26, 10/29, 10/31, 10/1, 11/2 | |
| Ceiling | /19, 10/22-10/26, 1 | 10/19, 10/22-10/26, 10/2 | 7, 10/19, 10/22, 10/24, | /19, 10/22-10/26, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/26, 10/29, 10/31, 10/1, 11/2 | |
| Sink | /19, 10/22-10/26, 1 | 10/19, 10/22-10/26, 10/2 | 7, 10/19, 10/22, 10/24, | /19, 10/22-10/26, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/26, 10/29, 10/31, 10/1, 11/2 | |
| Counter | /19, 10/22-10/26, 1 | 10/19, 10/22-10/26, 10/2 | 7, 10/19, 10/22, 10/24, | /19, 10/22-10/26, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/26, 10/29, 10/31, 10/1, 11/2 | |
| **Conference Room** | | | | | | | | |
| Floor | 10/19, 10/22, 10/2 | 17, 10/19, 10/22, 10/24, 1 | 7, 10/19, 10/22, 10/24, | 10/19, 10/22, 10/2 | 0/17, 10/19, 10/22, 10/24, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/26, 10/29, 10/31, 10/1, 11/2 | |
| Wall | 10/19, 10/22, 10/2 | 17, 10/19, 10/22, 10/24, 1 | 7, 10/19, 10/22, 10/24, | 10/19, 10/22, 10/2 | 0/17, 10/19, 10/22, 10/24, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/26, 10/29, 10/31, 10/1, 11/2 | |
| Ceiling | 10/19, 10/22, 10/2 | 17, 10/19, 10/22, 10/24, 1 | 7, 10/19, 10/22, 10/24, | 10/19, 10/22, 10/2 | 0/17, 10/19, 10/22, 10/24, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/26, 10/29, 10/31, 10/1, 11/2 | |
| **Room** | | | | | | | | |
| Floor | 10/19, 10/22, 10/2 | 17, 10/19, 10/22, 10/24, 1 | 7, 10/19, 10/22, 10/24, | 10/19, 10/22, 10/2 | 0/17, 10/19, 10/22, 10/24, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/26, 10/29, 10/31, 10/1, 11/2 | |
| Wall | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | | |
| Ceiling | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | | |
| Lockers | | | 11/2/2012 | | 11/2/2012 | 11/2/2012 | | |
| **General** | | | | | | | | |
| Hallway | 10/19, 10/22, 10/2 | 17, 10/19, 10/22, 10/24, 1 | 7, 10/19, 10/22, 10/24, | 10/19, 10/22, 10/2 | 0/17, 10/19, 10/22, 10/24, 1 | 0/17, 10/19, 10/22, 10/24, 1 | 0/26, 10/29, 10/31, 10/1, 11/2 | |
| Elevator | | | | | | | | |
| Storage Room | | | | | | | | |
| **Window & Glass** | 10/12, 10/19, 10/26 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | 11/2/2012 | | |

**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.

Michael Castillo
(signature)

11/4/2012
(date)

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

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

| Tasks | District 9 Kahuku Police Station | District 9 Kaaawa | District 9 Kahuku | District 9 Kawela |
|---|---|---|---|---|
| **Office Area** | | | | |
| Floor-Tile | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | | |
| Floor-Carpet | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | | |
| Furniture | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | | |
| Wall | | | | |
| Ceiling | | | | |
| **Restrooms** | | | | |
| Floor | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | | |
| Wall | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | | |
| Sink | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | | |
| Toilet | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | | |
| Urinal | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | | |
| Sink | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | | |
| Shower | 10/12, 10/19, 10/26 | | | |
| **Kitchen/breakroom** | | | | |
| Floor | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | | |
| Wall | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | | |
| Ceiling | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | | |
| Sink | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | | |
| Counter | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | | |
| **Conference Room** | | | | |
| Floor | 10/19, 10/22, 10/24, 10/26, 10/29, 10/31, 10/1, 11/2 | | | |
| Wall | 10/19, 10/22, 10/24, 10/26, 10/29, 10/31, 10/1, 11/2 | | | |
| Ceiling | 10/19, 10/22, 10/24, 10/26, 10/29, 10/31, 10/1, 11/2 | | | |
| **Room** | | | | |
| Floor | 10/19, 10/22, 10/24, 10/26, 10/29, 10/31, 10/1, 11/2 | | | |
| Wall | 10/19, 10/22, 10/24, 10/26, 10/29, 10/31, 10/1, 11/2 | | | |
| Ceiling | 10/19, 10/22, 10/24, 10/26, 10/29, 10/31, 10/1, 11/2 | | | |
| Lockers | | | | |
| **General** | | | | |
| Hallway | /19, 10/22-10/26, 10/24-9/29, 11/1-11/02 | | | |
| Elevator | | | | |
| Storage Room | | | | |
| Window & Glass | 10/19, 10/22, 10/24, 10/26, 10/29, 10/31, 10/1, 11/2 | | | |

**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 the contractor.

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Michael Castillo
(signature)

11/4/2012
(date)

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