Y2Kleening
CT-DFM-1200112
Janitorial

| Tasks | District 6<br>Fire Support Services Facility | District 6<br>Kapolei Police Station/Cell Block | District 6<br>Kapolei Hale | District 6<br>Waipahu Incinerator | District 6<br>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<br>Pearl City<br>Corporation Yard | District 7<br>Pearlridge<br>Satellite City Hall | District 7<br>Mililani Transit<br>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)