

Attachment A

DAILY INSPECTION REPORT – CUSTODIAL SERVICES

FACILITY: _____ DATE: _____ Time: _____

CONTRACTOR: _____ INSPECTOR: _____

If these tasks are not performed Daily, the following percentages will be deducted from the Contractor's Daily rate:

	ROUTINE CLEANING TASK	% OF FACILITY PRICE PER DAY
1.	Vacuum carpet and spot clean. Note:	15%
2.	Sweep, dust mop, wet mop hard floors. Note:	10%
3.	Trash/Waste receptacles, recycle items Note:	25%
4.	Damp mop with germicidal solutions, smudges, fountains, phones, tables, and counter tops. Note:	10%
5.	Mirrors, glass, paper and soap (in areas other than restroom) Note:	5%
6.	Vending areas, custodial closet Note:	5%
7.	Restrooms: clean, stock, disinfect Note:	30%
8.	No Service: Note:	100%

Comments: _____
