

JANITORIAL DEFICIENCY NOTICE

DOA/DGS Information:

SENT VIA FAX #: _____ Sent By: _____ Date/Time: _____

Deficiency Notice #: _____ Vendor: _____ Contract #: _____

Occupant Information: [Return completed form to DOA/DGS; via email to doa.dgs.facilities.callcenter@alaska.gov or hand deliver to the Division of General Services located at the Facilities Center office, 141 Willoughby Avenue.]

Department: _____ Contact Name & Phone: _____
Division: _____ Deficiency Location: _____
Date: _____ Time: _____

Deficiency: (as applicable)

- | | | |
|---|--|--|
| <input type="checkbox"/> Vacuuming | <input type="checkbox"/> Dusting | <input type="checkbox"/> Damp Wipe to Remove Smudges |
| <input type="checkbox"/> Remove Carpet Spots & Stains | <input type="checkbox"/> Glass Cleaning | <input type="checkbox"/> Outside (sweeping, trash) |
| <input type="checkbox"/> Strip wax, rinse, wax, buff hard floor | <input type="checkbox"/> Empty Trash Receptacles | <input type="checkbox"/> Powerscrub hard floor |
| <input type="checkbox"/> Sweep & Dust Mop Hard Surface Floors | <input type="checkbox"/> Wash Trash Receptacles | <input type="checkbox"/> Wash walls, railings, wipe baseboards |
| <input type="checkbox"/> Remove Foreign Materials (i.e., gum) | <input type="checkbox"/> Empty Ashtrays | <input type="checkbox"/> Lobby Cleaning |
| <input type="checkbox"/> Restroom Cleaning | <input type="checkbox"/> Remove Dust from air vents | <input type="checkbox"/> Dust / vacuum window coverings |
| <input type="checkbox"/> Hallway Cleaning | <input type="checkbox"/> Replenish, Restock Restroom | <input type="checkbox"/> Secure premises |
| <input type="checkbox"/> Elevator Cleaning | <input type="checkbox"/> Clean Drinking Fountain | |

Occupant Comment:

DOA/DGS Comment:

Vendor Response: (corrective action) [Return completed form to DOA/DGS via email to doa.dgs.facilities.callcenter@alaska.gov]

Note: Failure to remedy deficiency as detailed in the contract shall result in a formal deficiency notice and/or termination for default

Name: _____ Date: _____ Time: _____
