

# JANITORIAL DEFICIENCY NOTICE

**DFS Information:**

SENT VIA FAX #: \_\_\_\_\_ Sent By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Deficiency Notice #: \_\_\_\_\_ Vendor: \_\_\_\_\_ Contract #: \_\_\_\_\_

**Occupant Information:** [Return completed form to DFS; via email to [facilities.callcenter@alaska.gov](mailto:facilities.callcenter@alaska.gov) or hand deliver to DFS located at the Facilities Center office, 141 Willoughby Avenue.]

Department: \_\_\_\_\_  
Division: \_\_\_\_\_  
Date: \_\_\_\_\_

Contact Name & Phone: \_\_\_\_\_  
Deficiency Location: \_\_\_\_\_  
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:**

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

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