

Phone: 901-386-2021 Fax: 901-266-3343

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| **BID SHEET** |
| **Vendor Name:** |
| **Vendor Address:** |
| **Scheduled Walk Through:** |
| **Terminal Location:** |
| **Terminal Contact:** |
| **Scope of Work** |
| **I. General Janitorial** *(# days per week)*   * 1. Office Areas      1. Remove all trash to designated area for disposal and replace liners (liners   furnished by facility)   * + 1. Pull trash at building entrance     2. Vacuum all carpet areas and spot clean as needed     3. Vacuum area rugs nightly     4. Dust mop all tiled floor areas     5. Damp mop all hard surfaces floors to remove spillage or marks     6. Scrape objects from tiled floor areas (gum, etc.)     7. Dust baseboards and corners-high and low     8. Dust all horizontal surfaces, including desktops, filing cabinets, windowsills,   chairs & tables, pictures and all manner of furnishings   * + 1. Sanitize telephone receivers     2. Clean all glass in vestibule and offices, inside and out     3. Clean and disinfect all water fountains     4. Spot clean walls to remove smudges, scuffs or handprints     5. All tile floors wet mopped nightly     6. All hallways swept and mopped 3 times a week including stairwells     7. All counters and tables wiped off nightly with water and cleanser     8. Computer screens dusted off     9. Glass in front entrance cleaned nightly     10. Door windows cleaned 2 times a week     11. Vertical blinds wiped down once a month     12. All kick plates and door plates cleaned and shined monthly   1. Break Room      1. Remove all trash to designated area for disposal and replace liners (liners furnished by facility)      2. Clean and disinfect countertops, sink and tabletops      3. Damp mop all hard surface floors to remove spillage or marks      4. Wipe out microwave and refrigerator once a month      5. Vending machines wiped down nightly      6. Water fountains cleaned and sanitized nightly      7. Water cooler in driver’s room wiped down nightly   2. Restrooms      1. Stock towels, tissue, and hand soap (furnished by facility)      2. Empty sanitary napkin receptacles and clean with disinfectant      3. Remove all trash to designated area for disposal and replace liners (liners furnished by facility)      4. Clean all mirrors/frames and bright work      5. Clean and sanitize towel dispensers, basins, toilets, and urinals      6. Clean partitions – remove all splash marks   II. Warehouse   * 1. Aprons (1 day per week)      1. Sweep and remove all debris from concrete slabs   **B.** Fence Line / Yard (5 days per week)  1. Remove all debris from fence lines  **Please State ANY additional Scope not listed above:**   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |

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| **Break Down of Service** | | | | |
| **Days of Week Serviced:** |  | **Time of service:** |  | |
| **Type of Service** | **Number of Days Serviced per Week** | **Number of People** | **Number of TOTAL Labor Hours Per Day** | |
| **Janitorial:** |  |  |  | |
| **Dock:** | N/a | N/a | N/a | |
| **Apron:** | N/a | N/a | N/a | |
| **Fence/Yard:** | N/a | N/a | N/a | |
| **Other *(please specify)*:** |  |  |  | |
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| **Facility Details** | | | | |
| **Total square footage of VCT:** |  | **Total square footage of ceramic tile:** | |  |
| **Total square footage of carpet:** |  | **Total square footage of other flooring:** | |  |
| **Total Number of Bathrooms:** |  | **Number of Dock Doors:** | |  |
| **Total Number Toilets:** |  | **Total Number of Offices:** | |  |
| **Total Number of Urinals:** |  |  | |  |
| **Total Number of Sinks:** |  |  | |  |
| **Linear Footage of Fence Line:** |  |  | |  |

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| **Additional Details** | | |
| **Room** | **Floor Type** | **Sq-Ft** |
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