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## Janitorial Service Questionnaire

### Section A:

Check the service(s) you provide:

- |  |  |   |  |
|--|--|---|--|
| Carpet Cleaning _____                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hazardous Waste or Biohazard Removal _____            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pressure Washing _____                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Construction Site Debris Removal/Cleaning _____       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mold Remediation _____                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Landscaping/Lawn Maintenance _____                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Maintenance or Repair Work _____       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Clean Nursing Homes or Geriatric Facilities _____     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Outside Window Cleaning _____          | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes to any above, please describe in detail: _____ |  |
| If Yes, how many stories/height? _____ |  | _____   |  |
|  |  | _____   |  |

### Section B:

- What is the average size of a crew? \_\_\_\_\_ Who supervises the crew? \_\_\_\_\_
- Are subcontractors used?  Yes  No If Yes, do all subs provide Certificates of Insurance?  Yes  No
- Do you provide transportation to job sites?  Yes  No
- Do employees provide their own transportation to job sites?  Yes  No
- What are your hours of operations? \_\_\_\_\_
- What is the approximate breakdown of work? (must equal 100%)
- |                         |                          |
|-------------------------|--------------------------|
| Residential _____%      | Institutional _____%     |
| Apartments _____%       | Construction Site _____% |
| Office Buildings _____% | Other _____%             |
| Restaurants _____%      | Describe: _____          |