

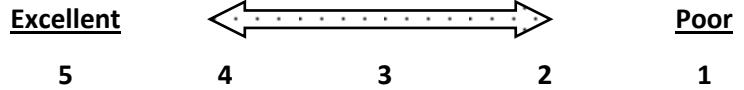


Service Quality Survey

BUILDING NAME: _____
 BUILDING ADDRESS: _____

In order to improve the cleaning and quality standards in the accounts we service, we ask that you take a moment to answer the following questions, and return this survey via fax or email at the number or email provided below.

Grading is on a five point system with excellent being "5" and poor being "1".



OFFICE AREAS

Trash Removal					
Furniture dusting					
Locking of doors					

CORRIDORS AND LOBBIES

Quality					
Consistency					

RESTROOMS

Cleaning of fixtures					
Paper Products (paper towels etc.)					
Floor cleaning (sweeping, mopping)					
Mirrors					

FLOOR SERVICE (Carpets, Floors)

Carpet Vacuuming					
Floor cleaning (sweeping, mopping, waxing)					

Do you have any comments or suggestions on our service:

OPTIONAL INFORMATION

Survey Completed By: _____
 Building Address: _____
 Suite #: _____