EXHIBIT E

CITY OF LOS ANGELES

Department of Public Works
Bureau of Engineering
Recreational and Cultural Facilities Program

MAINTENANCE QUARTERLY REPORT

Quarter: **Jan-Mar** ☐ **Apr-Jun** ☐ **Jul-Sept** ☐ **Oct-Dec** ☐ **200__** (check one)

Name of Agency/Project: _____

Address of Facility / Land Acquisition: _____

Contact Person: _____ Title: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Contract Number: _____

Maintenance Contract Number (if applicable): _____

PLEASE FILL OUT ALL APPLICABLE SECTIONS COMPLETELY

A. MAINTENANCE AND JANITORIAL SERVICES

List all **routine** maintenance and janitorial services performed during this quarter:

Type/Description of Service (Attach additional sheets if necessary)	Frequency	Cost
1)		
2)		
3)		
4)		

List any **non-routine** maintenance services performed during this quarter:

Type/Description of Service (Attach additional sheets if necessary)	Major / Minor Service	Cost
1)		
2)		
3)		
4)		

B. FIRE, BUILDING AND SAFETY, OR HEALTH CODE VIOLATIONS

1) Has the Prop K facility been cited for any fire, building and safety, or health code violations during the previous quarter?

Yes _____ [attach a copy of the violation(s)] **No** _____ (If No, please proceed to section C.)

2) Was the City (Public Works/Bureau of Engineering) notified of the violation(s)?

Yes _____ **No** _____

3) Date of notification: _____

4) How was the City notified? (Attach copy of notification)

5) City Representative contacted:

Name: _____

Address: _____

Phone No.: _____ Facsimile No: _____

E-mail: _____

6) Was a corrective plan prepared and submitted to the City within ten (10) **working days** of the issuance of the violation?

Yes _____ **No** _____

7) Has the violation been cleared? If so, please send a copy of any relevant clearance letter from the citing agency. If not, please contact your City Program Analyst immediately.

8) STATUS OF INSPECTION

Type of Inspection	Date of Last Inspection
Building and Safety Inspection:	_____
Fire Inspection:	_____
Health Inspection:	_____

9) STATUS OF INSURANCE

Type of Insurance	Expiration Date
General Liability:	_____
Property	_____
Worker's Compensation	_____
Others	_____

10) STATUS OF BUILDING MAINTENANCE/UPKEEP (NARRATIVE)

1) Describe any unsafe, unclean and/or unsanitary conditions or any breakdowns in the cooling, heating, electrical, plumbing or other such systems.

2) List any incidents and/or occurrences (i.e., accidents, criminal activities) that occurred during this quarter. Please state as to whether these incidents were reported to the appropriate authorities.

3) Discuss your corrective action plan for the items described above; include costs, tasks and timetables.