



**Quality Control Form**

**Location:** *GSA/ Tobyhanna Army Depot*      **Inspected By:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Scoring and Comments:**

<b>Area – Score 1-5 (5 being the best) - Items checked that need attention -- Remarks</b>		
Building Exterior	1- 5	___Awnings ___Signage ___Door ___Metal Glass ___Trash Container ___Entry ___Walk Off Mats ___Parking Lots ___Windows ___Sidewalk ___Vesitbule ___Loading Dock ___Dumpster ___Grounds
Building Interior	1- 5	___Basebaord ___Carpet ___Phones ___Glass ___Counter ___Signage/Kiosks ___Furniture ___walk off mats
Interior cont...	1- 5	___Counters ___Floors ___Doors ___Furniture ___Phones ___trash bins/containers ___Walls ___Office equipment
Office, conference rooms, Judges Chambers	1- 5	___Carpets ___Baseboards ___Furniture ___Glass ___Furniture ___trash bins/Containers ___Partitions
Restrooms	1- 5	___Sinks ___Floors ___Fixtures ___Paper/Soap ___Mirrors ___Partitions ___Walls ___Toilets ___Urinals
Cafeteria	1- 5	___Counters ___Paper ___Fixtures ___Refrigerators ___Floors ___Sinks ___Microwave ___Furniture
Other – Misc.	1- 5	___Supply space ___Safety concerns ___Blinds ___Vents
Pest Control		

**Inspection Type: BI-MONTHLY**      **Does the service level RCS Inc. is providing meet the contracted requirements? *Yes or No***

**Overall Score** \_\_\_\_\_

**Comments:**

**Name:**

**Title:**

**Signature:**

**NB. Mr. Joseph T. Crowder, President & CEO will conduct the Inspection on a bi-monthly basis and once monthly with the contracting officer's Representative for approval and comments. Also Mr. Crowder will be readily available daily for any emergencies.**