



SELWYN HOLLINS
Director

County of Los Angeles INTERNAL SERVICES DEPARTMENT

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“Trusted Partner and Provider of Choice”

Operations Service (OPS) Custodial & Landscaping services

COVID-19 Cleaning Request Questionnaire

1. Is this a confirmed positive case and/or a suspected case? Yes No
2. Did the employee exhibit any COVID-19 related symptoms? Yes NO
3. Did the employee solely met someone else who tested positive for COVID-19? Yes NO

This information will help determine the level of cleaning recommended per DPH/CDC guidelines.

4. When was the person(s) last in the facility? Click or tap to enter a date.
5. Has your Department's DOC/HR been notified? Yes NO
6. Please provide a floor plan with marked boundaries of all the areas that you want cleaned. If this is not available, then we will need an onsite Point of Contact to show our contractor the areas.
7. Lastly, our contractors' pricing is based on square footage. please provide approximate square footage of the aforementioned areas you are requesting to be cleaned.
8. Preferred time for cleaning. Choose an item.
9. Please provide a contact name and number of someone who can provide access.

Please submit this form along with the [Service request](#) to CustomerCenterOPS@isd.lacounty.gov

Thanks for giving us the opportunity to serve you.