



## PHYSICAL PLANT SERVICE REQUEST FORM

| Filled in by requesting party                                   |                    |
|---|--------------------|
| Date filed  | : 25 May 2022      |
| Building/Facility/<br>House No/<br>Apartment No./<br>Department | :                  |
| Location  | :                  |
| Requesting party  | : CHARLIE S. ANDAN |
| Designation/<br>Position  | : Head, DMet       |

| Filled in by PPO           |                    |
|----------------------------|--------------------|
| Date received              | :                  |
| Received by                | : Name & Signature |
| Designation/<br>Position   | :                  |
| Document<br>control number | :                  |

| Please check and specify the nature of service request  |   |
|---|---|
| <input type="checkbox"/> Audio System (amplifier, speakers and microphones)<br>With Lights? Yes. ___ No. ___<br>Setup Location: _____<br>Date & Time Needed: _____<br>Estimated Duration (hrs): _____ | <input type="checkbox"/> Tent installation/s<br>Setup Location: _____<br>No. of tent: _____<br>Tent size: _____                               |
| <input type="checkbox"/> Land preparation, plowing & harrowing<br>Location/Area covered: _____<br>Estimated passing trip: _____   | <input type="checkbox"/> Fabrication/s (new cabinets, furniture, metal works and other fabrications not considered as repair and maintenance) |
| <input type="checkbox"/> Site development, levelling, scrapping & backfilling<br>Location: _____  | <input type="checkbox"/> Installation/s (tarpaulin, signage, new lock & knobs & other installation not considered as repair and maintenance)  |
| <input type="checkbox"/> Hauling (Construction materials, office equipment & etc.)<br>From: _____ To: _____   | <input type="checkbox"/> Machining works (lathe, shaper, drill press & etc.)  |
| <input type="checkbox"/> Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection and the likes)   | <input type="checkbox"/> Landscaping (Design and Installation)<br>Location/Area covered: _____  |
| <input checked="" type="checkbox"/> Other/s (Specify) : <b><u>Repair of waterline and pipes at the Agrometeorology Station</u></b>  |   |

| Brief Description of Service Request   |
|--|
| Repair of the waterline and pipes at the Agrometeorology station – the connection is very old and the water is not connected to the source of water. |

| Filled in by the requesting party after the conduct of service request                           |  |                      |                 |   |   |  |  |  |   |  |                                  |   |                           |  |
|--|--|----------------------|-----------------|---|---|--|--|--|---|--|----------------------------------|---|---------------------------|--|
| Conducted by: _____<br>PPO Personnel<br>(Name & Signature)                                       | <table border="1"> <thead> <tr> <th>Service Satisfaction</th> <th>OVER-ALL RATING</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1. Not Satisfied</td> <td><input type="checkbox"/> 1. - Poor <input type="checkbox"/> 2. - Fair</td> </tr> <tr> <td><input type="checkbox"/> 2. Slightly Satisfied</td> <td><input type="checkbox"/> 3. - Good <input type="checkbox"/> 4. - Very Good</td> </tr> <tr> <td><input type="checkbox"/> 3. Moderately Satisfied</td> <td><input type="checkbox"/> 5. - Excellent</td> </tr> <tr> <td><input type="checkbox"/> 4. Very Satisfied</td> <td rowspan="2"><b>Comments &amp; Suggestion</b></td> </tr> <tr> <td><input type="checkbox"/> 5. Extremely Satisfied</td> </tr> <tr> <td colspan="2"><b>Name and Signature</b></td> </tr> </tbody> </table> | Service Satisfaction | OVER-ALL RATING | <input type="checkbox"/> 1. Not Satisfied | <input type="checkbox"/> 1. - Poor <input type="checkbox"/> 2. - Fair | <input type="checkbox"/> 2. Slightly Satisfied | <input type="checkbox"/> 3. - Good <input type="checkbox"/> 4. - Very Good | <input type="checkbox"/> 3. Moderately Satisfied | <input type="checkbox"/> 5. - Excellent | <input type="checkbox"/> 4. Very Satisfied | <b>Comments &amp; Suggestion</b> | <input type="checkbox"/> 5. Extremely Satisfied | <b>Name and Signature</b> |  |
| Service Satisfaction   | OVER-ALL RATING  |                      |                 |   |   |  |  |  |   |  |                                  |   |                           |  |
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| <input type="checkbox"/> 2. Slightly Satisfied   | <input type="checkbox"/> 3. - Good <input type="checkbox"/> 4. - Very Good   |                      |                 |   |   |  |  |  |   |  |                                  |   |                           |  |
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| <input type="checkbox"/> 4. Very Satisfied   | <b>Comments &amp; Suggestion</b>   |                      |                 |   |   |  |  |  |   |  |                                  |   |                           |  |
| <input type="checkbox"/> 5. Extremely Satisfied  |  |                      |                 |   |   |  |  |  |   |  |                                  |   |                           |  |
| <b>Name and Signature</b>  |  |                      |                 |   |   |  |  |  |   |  |                                  |   |                           |  |
| PPO Unit: _____  |  |                      |                 |   |   |  |  |  |   |  |                                  |   |                           |  |
| Checked & Verified by: Engr. MARIO LILIO P. VALENZONA<br>PPO Head/Director<br>(Name & Signature) |  |                      |                 |   |   |  |  |  |   |  |                                  |   |                           |  |