



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION	
<i>Filled in by requesting party</i> Date filed : <u>March 06, 2024</u>	
Building/Department : <u>Department of Agronomy</u>	
Location : <u>DA Room / 301</u>	
Requesting party : <u>MARIEDITH I. BAGABINAO</u> <i>Name & Signature</i>	
Designation/Position : <u>Asst. prof. II</u>	
Contact no./Email : _____	
<i>Filled in by PPO</i> Date received : _____	
Received by : _____ <i>Name & Signature</i>	
Designation/Position : _____	
Request Reference Number : _____	

Please check and specify the nature of work requested:		
<input type="checkbox"/> Vehicle Repair	<input checked="" type="checkbox"/> Carpentry & Furniture Works	<input type="checkbox"/> Electrical Works
<input type="checkbox"/> Welding Works	<input type="checkbox"/> Plumbing Works	<input type="checkbox"/> Heating, Ventilating, Air conditioning & Refrigeration
<input type="checkbox"/> Machining works (Lathe, shaper, drill press, etc.)	<input type="checkbox"/> Instrumentation equipment & Laboratory instrument	<input type="checkbox"/> Others (specify in the brief description below)
Brief Description of the Nature of Work Requested		
<u>① Installation of Glass door</u>		

INSPECTION (Filled in by PPO Personnel)		
Date of Inspection: _____ Time started: _____ [AM] [PM] Time ended: _____ [AM] [PM]		
<input type="checkbox"/> In-House Repair and Maintenance <input type="checkbox"/> For Outsourcing Repair and Maintenance		
Materials/Parts	Manpower Required: _____	Estimated hours/days of repair: _____
<input type="checkbox"/> Available	<input type="checkbox"/> Available	Schedule of repair: _____
<input type="checkbox"/> Not Available	<input type="checkbox"/> Not Available	
Conducted: _____ PPO Maintenance Personnel/Name & Sign _____ Designation/Position		Confirmed: _____ Name and Signature _____ Designation/Position

ACCOMPLISHMENT											
<i>Filled in by PPO Personnel</i>											
Conducted by : _____ PPO Maintenance Personnel (Name and Signature)	<i>Filled in by Requesting Party</i>										
Date & Time Started : _____ Date & Time Finished : _____											
Checked & verified : _____ PPO Head/Director (Name and 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 <input type="checkbox"/> 2. Slightly Satisfied <input type="checkbox"/> 3. Moderately Satisfied <input type="checkbox"/> 4. Very Satisfied <input type="checkbox"/> 5. Extremely Satisfied </td> <td> <input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair <input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good <input type="checkbox"/> 5. Excellent </td> </tr> <tr> <td colspan="2"> Comments & Suggestion </td> </tr> <tr> <td colspan="2"> Name & Signature </td> </tr> <tr> <td colspan="2"> Designation/Position </td> </tr> </tbody> </table>	Service Satisfaction	OVER ALL RATING	<input type="checkbox"/> 1. Not Satisfied <input type="checkbox"/> 2. Slightly Satisfied <input type="checkbox"/> 3. Moderately Satisfied <input type="checkbox"/> 4. Very Satisfied <input type="checkbox"/> 5. Extremely Satisfied	<input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair <input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good <input type="checkbox"/> 5. Excellent	Comments & Suggestion		Name & Signature		Designation/Position	
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