



## REPAIR AND MAINTENANCE REQUEST

### REQUEST INFORMATION

*Filled in by requesting party*

Date filed : 3-12-25

Building/Department : NSTP

Location : Lower Campus

Requesting party : Dario P. Lina  
Name & Signature

Designation/Position : Director

Contact no./Email :

*Filled in by PPO*

Date received : \_\_\_\_\_

Received by : \_\_\_\_\_  
Name & Signature

Designation/Position : \_\_\_\_\_

Request Reference Number : \_\_\_\_\_

*Please check and specify the nature of work requested:*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Vehicle Repair  | <input type="checkbox"/> Carpentry & Furniture Works                       | <input type="checkbox"/> Electrical Works                                       |
| <input type="checkbox"/> Welding Works   | <input checked="" type="checkbox"/> Plumbing Works                         | <input type="checkbox"/> Heating, Ventilating, Air conditioning & Refrigeration |
| <input type="checkbox"/> Machining works<br>(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

Repair of the faucet in the back of the NSTP office and the lavatory faucet.

### INSPECTION *(Filled in by PPO Personnel)*

Date of Inspection: \_\_\_\_\_ Time started: \_\_\_\_\_ [AM] [PM] Time ended: \_\_\_\_\_ [AM] [PM]

- ☐ In-House Repair and Maintenance ☐ 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

*Filled in by PPO Personnel*

Conducted by : \_\_\_\_\_ PPO Maintenance Personnel  
(Name and Signature)

Date & Time Started : \_\_\_\_\_

Date & Time Finished : \_\_\_\_\_

Checked & verified : \_\_\_\_\_ PPO Head/Director  
(Name and Signature)

Notes: \_\_\_\_\_

*Filled in by Requesting Party*

#### Service Satisfaction

- ☐ 1. Not Satisfied  
☐ 2. Slightly Satisfied  
☐ 3. Moderately Satisfied  
☐ 4. Very Satisfied  
☐ 5. Extremely Satisfied

#### OVER ALL RATING

- ☐ 1. Poor ☐ 2. Fair  
☐ 3. Good ☐ 4. Very Good  
☐ 5. Excellent

#### Comments & Suggestion

Name & Signature

Designation/Position

**Vision:**  
**Mission:**

A globally competitive university for science, technology, and environmental conservation.  
Development of a highly competitive human resource, cutting-edge scientific knowledge and innovative technologies for sustainable communities and environment.