



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION*Filled in by requesting party*

Date filed : Nov. 25, 2024

Building/Department : ISRDS

Location : ISRDS

Requesting party : LILIAN B. NUÑEZ
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:*☐ Vehicle Repair☐ Carpentry & Furniture Works☐ Electrical Works☐ Welding Works☐ Plumbing Works☒ Heating, Ventilating, Air
conditioning & Refrigeration☐ Machining works
(Lathe, shaper, drill press, etc.)☐ Instrumentation equipment
& Laboratory instrument☐ Others (specify in the brief description
below)**Brief Description of the Nature of Work Requested**

Repair of window type aircon at the ISRDS faculty room of Ms. Gina A. Delima.

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: _____☐ Available☐ Available

Schedule of repair: _____

☐ Not Available☐ Not Available

Conducted:

PPO Maintenance Personnel/Name & Sign

Confirmed:

Name and Signature

Designation/Position

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****OVER ALL RATING**

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

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

Comments & Suggestion

Name & Signature

Designation/Position