



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION

Filled in by requesting party

Date filed : March 25, 2024

Building/Department : Department of Agronomy

Location : Administrative Office

Requesting party : DIONESIO M. BAÑOC
 Name & Signature

Designation/Position : Head, DA

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 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

1. Door replacement.

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: _____ Confirmed: _____

PPO Maintenance Personnel/Name & Sign _____ 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	
<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	Comments & Suggestion	
<input type="checkbox"/> 4. Very Satisfied		
<input type="checkbox"/> 5. Extremely Satisfied		
Name & Signature		
Designation/Position		