



REQUEST INFORMATION

<u>Filled in by requesting party</u>		<u>Filled in by GenSO</u>	
Date filed	: Sept. 8, 2025	Date received	:
Building/Department	: Dept. of Economics	Received by	: Name & Signature
Location	: Upper Campus	Designation/Position	:
Requesting party	: <u>LEMUEL S. PRECIADOS</u> Name & Signature	Request Reference Number	:
Designation/Position	: Head, DOE		
Contact no./Email	: VOIP 1024		

<input type="checkbox"/> Vehicle Repair	<input 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)

Repair of leaking faucets for students women CR.

INSPECTION (Filled in by GenSO 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: _____			Confirmed: _____		
GenSO Maintenance Personnel/Name & Sign			Name and Signature		
Designation/Position			Designation/Position		

ACCOMPLISHMENT

Filled in by GenSO Personnel		Filled in by Requesting Party	
Conducted by :	GenSO Maintenance Personnel (Name and Signature)	Service Satisfaction	OVER ALL RATING
Date & Time Started :		<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
Date & Time Finished :			Comments & Suggestion
Checked & verified :	GenSO Head/Director (Name and Signature)	Name & Signature	
Notes:		Designation/Position	