



## REPAIR AND MAINTENANCE REQUEST

### REQUEST INFORMATION

*Filled in by requesting party*

Date filed : May 27, 2024

Building/Department : Department of Agronomy

Location : Department of Agronomy

Requesting party : LUIS ASIO

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 type="checkbox"/> Carpentry & Furniture Works                       | <input checked="" 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<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

1. Check electrical outlets in the department (rooms, offices).

### 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	<input type="checkbox"/> 5. Excellent	
<input type="checkbox"/> 4. Very Satisfied	Comments & Suggestion	
<input type="checkbox"/> 5. Extremely Satisfied		
Name & Signature		
Designation/Position		