



## REPAIR AND MAINTENANCE REQUEST

### REQUEST INFORMATION

*Filled in by requesting party*

Date filed : April 22 2025

Building/Department : ISRDS

Location : ISRDS

Requesting party : LILIAN B. NUNEZ  
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 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

Removing old defective fluorescent light and change to single bulb and install bulb outside ISR washing area.

### 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

- ☐ 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