



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION

Filled in by requesting party

Date filed : June 19, 2023

Building/Department : Department of Pure and Applied Chemistry

Location : DoPAC

Requesting party : ELIZABETH S. QUEVEDO

Designation/Position : DoPAC Head

Contact no./Email : elizabeth.quevedo@vsu.edu.ph

Filled in by PPO

Date received : _____

Received by : _____

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 type="checkbox"/> Electrical Works |
| <input type="checkbox"/> Welding Works | <input checked="" 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

Repair of clogged sink and leaking pipe at DoPAC AC-105.

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

<i>Filled in by PPO Personnel</i>		<i>Filled in by Requesting Party</i>	
Conducted by : _____	PPO Maintenance Personnel (Name and Signature)	Service Satisfaction	OVER ALL RATING
Date & Time Started : _____		<input type="checkbox"/> 1. Not Satisfied	<input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair
Date & Time Finished : _____		<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	
Checked & verified : _____	PPO Head/Director (Name and Signature)	Name & Signature	
Notes: _____		Designation/Position	