



**PHYSICAL PLANT SERVICE REQUEST FORM**

**REQUEST INFORMATION**

|                                      |                                                        |                          |         |
|--------------------------------------|--------------------------------------------------------|--------------------------|---------|
| <i>Filled in by requesting party</i> |                                                        | <i>Filled in by PPO</i>  |         |
| Date filed                           | : February 29, 2024                                    | Date received            | :       |
| Building/Department                  | : Advanced Research and Innovation Center              | Received by              | : _____ |
| Location                             | : <u>(1st - 2nd floor)</u><br>Visayas State University | Designation/Position     | : _____ |
| Requesting party                     | : <u>mtploret</u><br>MA. THERESA P. LORETO             | Request Reference Number | : _____ |
|                                      | : _____<br>Name & Signature                            |                          |         |
| Designation/Position                 | : Director, ARI Center                                 |                          |         |
| Contact no./Email                    | : <u>mtploret@vsu.edu.ph</u>                           |                          |         |

*Please check and specify the nature of service request*

- |                                                                                                                                                                                                       |                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Audio System (amplifier, speakers and microphones)<br>With Lights? Yes. ___ No. ___<br>Setup Location: _____<br>Date & Time Needed: _____<br>Estimated Duration (hrs): _____ | <input type="checkbox"/> Tent installation/s<br>Setup Location: _____<br>No. of tent: _____<br>Tent size: _____                               |
| <input type="checkbox"/> Land preparation, plowing & harrowing<br>Location/Area covered: _____<br>Estimated passing trip: _____                                                                       | <input type="checkbox"/> Fabrication/s (new cabinets, furniture, metal works and other fabrications not considered as repair and maintenance) |
| <input type="checkbox"/> Site development, levelling, scrapping & backfilling<br>Location: _____                                                                                                      | <input type="checkbox"/> Installation/s (tarpaulin, signage, new lock & knobs & other installation not considered as repair and maintenance)  |
| <input type="checkbox"/> Hauling (Construction materials, office equipment & etc.)<br>From: _____ To: _____                                                                                           | <input type="checkbox"/> Machining works (lathe, shaper, drill press & etc.)                                                                  |
| <input type="checkbox"/> Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection and the likes)                                                               | <input type="checkbox"/> Landscaping (Design and Installation)<br>Location/Area covered: _____                                                |
|                                                                                                                                                                                                       | <input type="checkbox"/> Other/s (Specify) : _____                                                                                            |

**Brief Description of Service Request**

Installation of sink in PWD comfort rooms

**ACCOMPLISHMENT**

|                                   |                                                     |                                                  |                                                                   |
|-----------------------------------|-----------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------|
| <i>Filled in by PPO Personnel</i> |                                                     | <i>Filled in by Requesting Party</i>             |                                                                   |
| Conducted by                      | : PPO Maintenance Personnel<br>(Name and Signature) | <b>Service Satisfaction</b>                      | <b>OVER ALL RATING</b>                                            |
| 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"/> 4. Very Good                             |
|                                   |                                                     | <input type="checkbox"/> 3. Moderately Satisfied | <input type="checkbox"/> 3. Good                                  |
|                                   |                                                     | <input type="checkbox"/> 4. Very Satisfied       | <input type="checkbox"/> 5. Excellent                             |
|                                   |                                                     | <input type="checkbox"/> 5. Extremely Satisfied  |                                                                   |
| Checked & verified                | : PPO Head/Director<br>(Name and Signature)         | <b>Comments &amp; Suggestion</b>                 |                                                                   |
| Notes:                            |                                                     |                                                  |                                                                   |
|                                   |                                                     | Name & Signature                                 |                                                                   |
|                                   |                                                     | Designation/Position                             |                                                                   |