



PHYSICAL PLANT OFFICE

Visca, Baybay City, Leyte, PHILIPPINES Telefax: 1041(LOCAL) Email: www.ppo.@vsu.edu.ph Website: www.vsu.edu.ph

PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATION		•
Date filed : Sept. 5, 2024	Filled in by PPO Date received	<u> </u>
Building/Department : N 5TP	Received by	Name & Signature
Location : Lower Campus	Designation/Position	:
Requesting party : Dario P. Lina Name & Signature	Request Reference Number	:
Designation/Position : NSTP Director	-41 A 10A	
Contact no./Email		
Please check and specify the nature of service request		
Audio System (amplifier, speakers and microphones)	Tent installation/s	
With Lights? Yes No	Setup Location:	The state of the s
Setup Location: Date & Time Needed:	No. of tent:	
Date & Time Needed:	Tent size:	_
Estimated Duration (hrs): Land preparation, plowing & harrowing	Fabrication/s (new cabinets, furniture, metal works and other fabrications not considered as repair and maintenance)	
Estimated passing trip:		o ropul and maintenance)
Site development, levelling, scrapping & backfilling	Machining works (lathe, shaper, drill press & etc.)	
Location:	Landscaping (Design and In	estallation)
Hauling (Construction materials, office equipment & etc.) Location/Area covered:		
equipment & etc.) From: To: Other/s (Specify): man-lift equipment Other/s (Specify): man-lift equipment		
Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection	12.0 48 (12.0 g)	, ,
and the likes)	tion of Service Request	
Services of your man-lift equipment to facilitate the cutting of narra tree.		
ACCOMPLISHMENT		
Filled in by PPO Personnel	Filled in by Requesting Party	
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Conducted by : PPO Maintenance Personnel	Service Satisfaction	OVER ALL RATING
(Name and Signature)	1. Not Satisfied	☐ 1. Poor ☐ 2. Fair
Date & Time	☐ 2. Slightly Satisfied	☐ 4. Very
Started	☐ 3. Moderately Satisfied	☐ 3. Good Good
Date & Time Finished	☐ 4. Very Satisfied ☐ 5. Extremely Satisfied	5. Excellent
	7.	Comments & Suggestion

Checked

&verified

Notes:

Name &Signature

Designation/Position

PPO Head/Director

(Name and Signature)