



REPAIR AND MAINTENANCE REQUEST

Filled in by requesting party	
Date filed	May 10, 2023
Building/Facility/ House No/ Apartment No./ Department	Dept. of Economics
Location	Upper Campus
Requesting party	ZYRA MAY H. CENTINO Name & Signature
Designation/ Position	Head, DOE

Filled in by PPO	
Date received	
Received by	Name & Signature
Designation/ Position	
Maintenance control 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 (lathe, shaper, drill press, etc.)	<input type="checkbox"/> Instrumentation equipment & Laboratory instrument	<input type="checkbox"/> Others (specify):

Materials/Supplies/Parts:

☐ Available

☐ Not Available

Brief Description of Repair and Maintenance
Check up and repair of split-type aircon.

Filled in by PPO personnel		
Part/Supplies/Materials Required	Manpower Requirement	Estimated hours/days to finished

Conducted by:	PPO Personnel (Name & Signature)
PPO Unit	
Checked & Verified by:	PPO Head (Name & Signature)

Filled in by the requesting party after the conduct of repair and maintenance	
Service Satisfaction <input type="checkbox"/> 1. Not Satisfied <input type="checkbox"/> 2. Slightly Satisfied <input type="checkbox"/> 3. Moderately Satisfied <input type="checkbox"/> 4. Very Satisfied <input type="checkbox"/> 5. Extremely Satisfied	OVER-ALL RATING <input type="checkbox"/> 1. - Poor <input type="checkbox"/> 2. - Fair <input type="checkbox"/> 3. - Good <input type="checkbox"/> 4. - Very Good <input type="checkbox"/> 5. - Excellent Comments & Suggestion
Name and Signature	