



PHYSICAL PLANT SERVICE REQUEST FORM

Filled in by requesting party		Filled in by PPO	
Date filed	: 20 Feb 2022	Date received	:
Building/Facility/ House No/ Apartment No./ Department	:	Received by	:
Location	:		Name & Signature
Requesting party	: CHARLIE S. ANDAN	Designation/ Position	:
Designation/ Position	: Head, DMet	Document control number	:

Please check and specify the nature of service request

<input type="checkbox"/> Audio System (amplifier, speakers and microphones) With Lights? Yes. ___ No. ___ Setup Location: _____ Date & Time Needed: _____ Estimated Duration (hrs): _____	<input type="checkbox"/> Tent installation/s Setup Location: _____ No. of tent: _____ Tent size: _____
<input type="checkbox"/> Land preparation, plowing & harrowing Location/Area covered: _____ 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 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.) 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) Location/Area covered: _____
<input checked="" type="checkbox"/> Other/s (Specify) : <u>re-wiring of at the CLAWS laboratory of the Department of Meteorology</u>	

Brief Description of Service Request

The outlets inside the CLAWS laboratory are no longer functioning. The electrical wiring needs to be checked up for re-wiring.

Conducted by: _____
 PPO Personnel
 (Name & Signature)

PPO Unit: _____

Checked & Verified by: **Engr. MARIO LILIO P. VALENZONA**
 PPO Head/Director
 (Name & Signature)

Filled in by the requesting party after the conduct of service request	
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	