



PHYSICAL PLANT SERVICE REQUEST FORM

Filled in by requesting party	
Date filed	: March 24, 2022
Building/Facility/ House No/ Apartment No./ Department	: Office of the Head for Internal Audit
Location	: Administration Building
Requesting party	: <u>Maria Teresa A. Cruz</u>
Designation/ Position	: Head, Internal Audit

Filled in by PPO	
Date received	:
Received by	: _____
Designation/ Position	: _____
Document control number	: _____
Name & Signature	

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 checked="" 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>delines fabrications to internal audit office</u>

Brief Description of Service Request
Fabrication of storage divider

Conducted by: _____
PPO Personnel
(Name & Signature)

PPO Unit: _____

Checked & Verified by: _____
PPO Head/Director
(Name & Signature)

Filled in by the requesting party after the conduct of service request	
Service Satisfaction	OVER-ALL RATING
<input type="checkbox"/> 1. Not Satisfied	<input type="checkbox"/> 1. - Poor <input type="checkbox"/> 2. - Fair
<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	
Name and Signature	