



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION			
<i>Filled in by requesting party</i>		<i>Filled in by GenSO</i>	
Date filed	: September 29, 2025	Date received	:
Building/Department	: FARM I	Received by	: _____ Name & Signature
Location	: Seed Storage Room	Designation/Position	: _____
Requesting party	: ED ALLAN L. ALCOBER	Request Reference Number	: _____
	: Name & Signature		
Designation/Position	: Head/Asso. Prof 5		
Contact no./Email	: 09483696506		

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 in the brief description below)

Brief Description of the Nature of Work Requested
Restore power supply of outlets

INSPECTION (Filled in by GenSO Personnel)	
Date of Inspection: _____	Time started: _____ [AM] [PM] Time ended: _____ [AM] [PM]
<input type="checkbox"/> In-House Repair and Maintenance	<input type="checkbox"/> For Outsourcing Repair and Maintenance
Materials/Parts	Manpower Required: _____
<input type="checkbox"/> Available	<input type="checkbox"/> Available
<input type="checkbox"/> Not Available	<input type="checkbox"/> Not Available
Estimated hours/days of repair: _____ Schedule of repair: _____	
Conducted: _____	Confirmed: _____
GenSO Maintenance Personnel/Name & Sign	Name and Signature
Designation/Position	Designation/Position

ACCOMPLISHMENT	
<i>Filled in by GenSO Personnel</i>	
Conducted by	GenSO Maintenance Personnel (Name and Signature)
Date & Time Started	:
Date & Time Finished	:
Checked & verified	GenSO Head/Director (Name and Signature)
Notes:	

Filled in by Requesting Party	
Service Satisfaction	OVER ALL RATING
<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	<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 & Signature _____ Designation/Position _____	