



## REPAIR AND MAINTENANCE REQUEST

Filled in by requesting party	
Date filed	2/18/2022
Building/Facility/ House No/ Apartment No./ Department	Department of Soil Science
Location	ISM Upper Campus
Requesting party	Kenneth Ornela
Designation/ Position	Instructor

Filled in by PPO	
Date received	
Received by	Name & Signature
Designation/ Position	
Maintenance control number	

**Note:**

- Three (3) copies: (1) for requesting party, (1) for PPO unit Head & (1) for maintenance team
- One (1) job request in every of PPO unit
- Job request control number is required.

**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<br>(lathe, shaper, drill press, etc.) | <input type="checkbox"/> Instrumentation<br>equipment<br>& Laboratory instrument | <input type="checkbox"/> Others (specify):                                      |

**Brief Description of Repair and Maintenance**

No power in the outlets

Materials/Supplies/Parts:

☐ Available

☐ Not Available

**Filled in by PPO personnel**

Part/Supplies/Materials Required	Manpower Requirement	Estimated hours/days to finished

Inspected  
by:

PPO Maintenance

Checked  
& Verified  
by:

PPO Unit Head

Approved  
by:

PPO Director