



## REPAIR AND MAINTENANCE REQUEST

### REQUEST INFORMATION

*Filled in by requesting party*

Date filed : October 17, 2023

Building/Department : Advanced Research and Innovation Center

Location : 2<sup>nd</sup> floor Lecture Hall

Requesting party : MA. THERESA H. LORETO  
Name & Signature

Designation/Position : Director, ARI Center

Contact no./Email : mtploreto@vsu.edu.ph

*Filled in by PPO*

Date received : \_\_\_\_\_

Received by : \_\_\_\_\_  
Name & Signature

Designation/Position : \_\_\_\_\_

Request Reference Number : \_\_\_\_\_

*Please check and specify the nature of work requested:*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Vehicle Repair  | <input type="checkbox"/> Carpentry & Furniture Works                       | <input 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 equipment & Laboratory instrument | <input type="checkbox"/> Others (specify in the brief description below)        |

### Brief Description of the Nature of Work Requested

Check-up and Repair - Aircon  
2<sup>nd</sup> Floor Lecture Room

### INSPECTION (Filled in by PPO Personnel)

Date of Inspection: \_\_\_\_\_ Time started: \_\_\_\_\_ [AM] [PM] Time ended: \_\_\_\_\_ [AM] [PM]

☐ In-House Repair and Maintenance ☐ For Outsourcing Repair and Maintenance

Materials/Parts	Manpower Required: _____	Estimated hours/days of repair: _____
<input type="checkbox"/> Available	<input type="checkbox"/> Available	Schedule of repair: _____
<input type="checkbox"/> Not Available	<input type="checkbox"/> Not Available	

Conducted: \_\_\_\_\_ Confirmed: \_\_\_\_\_

PPO Maintenance Personnel/Name & Sign \_\_\_\_\_ Name and Signature \_\_\_\_\_

Designation/Position \_\_\_\_\_ Designation/Position \_\_\_\_\_

### ACCOMPLISHMENT

*Filled in by PPO Personnel*

Conducted by : \_\_\_\_\_  
PPO Maintenance Personnel  
(Name and Signature)

Date & Time Started : \_\_\_\_\_

Date & Time Finished : \_\_\_\_\_

Checked & verified : \_\_\_\_\_  
PPO 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	