


## REPAIR AND MAINTENANCE REQUEST

| Filled in by requesting party                                   |  |
|---|--|
| Date filed  | : October 21, 2022   |
| Building/Facility/<br>House No/<br>Apartment No./<br>Department | : Department Head Office<br>Department of Agronomy   |
| Location  | : VSU, Upper Campus  |
| Requesting party  | : <br>Ruth O. Escasinas |
| Designation/<br>Position  | : Name & Signature<br>Department Head  |

| Filled in by PPO              |                  |
|-------------------------------|------------------|
| Date received                 | :                |
| Received by                   | :                |
|                               | Name & Signature |
| Designation/<br>Position      | :                |
| Maintenance<br>control 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 checked="" type="checkbox"/> Heating, Ventilating, Air conditioning & Refrigeration |
| <input type="checkbox"/> Machining works<br>(lathe, shaper, drill press, etc.) | <input type="checkbox"/> Instrumentation equipment<br>& Laboratory instrument | <input type="checkbox"/> Others (specify):<br>_____  |

### Materials/Supplies/Parts:

☐ Available☐ Not Available

| Brief Description of Repair and Maintenance |   |
|---|---|
| 1.  | The air-conditioner not functional and exhaust fan of Department head CR. |

| Filled in by PPO personnel       |                      |                                  |
|----------------------------------|----------------------|----------------------------------|
| Part/Supplies/Materials Required | Manpower Requirement | Estimated hours/days to finished |
|                                  |                      |                                  |

Conducted by: \_\_\_\_\_  
PPO Personnel  
(Name & Signature)

PPO Unit \_\_\_\_\_

Checked &  
Verified by: \_\_\_\_\_  
PPO Head  
(Name & Signature)

| Filled in by the requesting party after the conduct of repair and maintenance |                         |                          |                |
|---|-------------------------|--------------------------|----------------|
| Service Satisfaction  |                         | OVER-ALL RATING          |                |
| <input type="checkbox"/>  | 1. Not Satisfied        | <input type="checkbox"/> | 1. - Poor      |
| <input type="checkbox"/>  | 2. Slightly Satisfied   | <input type="checkbox"/> | 2. - Fair      |
| <input type="checkbox"/>  | 3. Moderately Satisfied | <input type="checkbox"/> | 3. - Good      |
| <input type="checkbox"/>  | 4. Very Satisfied       | <input type="checkbox"/> | 4. - Very Good |
| <input type="checkbox"/>  | 5. Extremely Satisfied  | <input type="checkbox"/> | 5. - Excellent |
|   |                         | Comments & Suggestion    |                |
| Name and Signature  |                         |                          |                |