



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION*Filled in by requesting party*

Date filed : Nov. 8, 2024

Building/Department : ISRDS

Location : ISRDS

Requesting party : LILIAN B. NUÑEZ
Name & Signature

Designation/Position : Director

Contact no./Email :

Filled in by PPO

Date received :

Received by

Name & Signature

Designation/Position :

Request Reference
Number :*Please check and specify the nature of work requested:*☐ Vehicle Repair☐ Carpentry & Furniture Works☐ Electrical Works☐ Welding Works☒ Plumbing Works☐ Heating, Ventilating, Air
conditioning & Refrigeration☐ Machining works
(Lathe, shaper, drill press, etc.)☐ Instrumentation equipment
& Laboratory instrument☐ Others (specify in the brief description
below)**Brief Description of the Nature of Work Requested**

Clogged floor drain of the faculty comfort room and leaking at the septic tank of the male and female main comfort room of the ISRDS.

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: _____☐ Available☐ Available

Schedule of repair: _____

☐ Not Available☐ Not AvailableConducted: _____
PPO Maintenance Personnel/Name & SignConfirmed: _____
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**

- ☐ 1. Not Satisfied
☐ 2. Slightly Satisfied
☐ 3. Moderately Satisfied
☐ 4. Very Satisfied
☐ 5. Extremely Satisfied

- ☐ 1. Poor ☐ 2. Fair
☐ 3. Good ☐ 4. Very
Good
☐ 5. Excellent

Comments & Suggestion

Name & Signature

Designation/Position