



REPAIR AND MAINTENANCE REQUEST

Filled in by requesting party	
Date filed	May 11, 2022
Building/Facility/ House No/ Apartment No./ Department	ADE-Building
Location	Upper Campus
Requesting party	BERT C. PEÑALOSA
	Name & Signature
Designation/ Position	OIC-Head, DBM

Filled in by PPO	
Date received	
Received by	
	Name & Signature
Designation/ Position	
Maintenance 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 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):

Materials/Supplies/Parts: ☐ Available ☐ Not Available

Brief Description of Repair and Maintenance
To install additional faucet for DBM's ground.

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. - Fair
<input type="checkbox"/> 2. Slightly Satisfied	<input type="checkbox"/> 3. - Good <input type="checkbox"/> 4. - Very Good
<input type="checkbox"/> 3. Moderately Satisfied	<input type="checkbox"/> 5. - Excellent
<input type="checkbox"/> 4. Very Satisfied	Comments & Suggestion
<input type="checkbox"/> 5. Extremely Satisfied	
Name and Signature	