



**PHYSICAL PLANT SERVICE REQUEST FORM**

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	<i>Filled in by PPO</i>
Date filed : <u>Aug. 5, 2024</u>	Date received : _____
Building/Department : _____	Received by : _____
Location : <u>NSTP</u>	Name & Signature : _____
Requesting party : <u>Dario R. Lina</u>	Designation/Position : _____
Designation/Position : <u>Director, NSTP</u>	Request Reference Number : _____
Contact no./Email : _____	
<i>Please check and specify the nature of service request</i>	
<input type="checkbox"/> Audio System (amplifier, speakers and microphones) With Lights? Yes. ___ No. ___ Setup Location: _____ Date & Time Needed: _____ Estimated Duration (hrs): _____	<input type="checkbox"/> Tent installation/s Setup Location: _____ No. of tent: _____ Tent size: _____
<input type="checkbox"/> Land preparation, plowing & harrowing Location/Area covered: _____ Estimated passing trip: _____	<input type="checkbox"/> Fabrication/s (new cabinets, furniture, metal works and other fabrications not considered as repair and maintenance)
<input type="checkbox"/> Site development, levelling, scrapping & backfilling Location: _____	<input type="checkbox"/> Installation/s (tarpaulin, signage, new lock & knobs & other installation not considered as repair and maintenance)
<input type="checkbox"/> Hauling (Construction materials, office equipment & etc.) From: _____ To: _____	<input type="checkbox"/> Machining works (lathe, shaper, drill press & etc.)
<input type="checkbox"/> Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection and the likes)	<input type="checkbox"/> Landscaping (Design and Installation) Location/Area covered: _____
<input checked="" type="checkbox"/> Other/s (Specify) : <u>LED wall installation</u> <u>at VSU Gym on Aug. 17, 2024 at 7:00am</u>	
<b>Brief Description of Service Request</b>	

ACCOMPLISHMENT																			
<i>Filled in by PPO Personnel</i>	<i>Filled in by Requesting Party</i>																		
Conducted by : _____ PPO Maintenance Personnel (Name and Signature)	<table border="1"><thead><tr><th>Service Satisfaction</th><th>OVER ALL RATING</th></tr></thead><tbody><tr><td><input type="checkbox"/> 1. Not Satisfied</td><td><input type="checkbox"/> 1. Poor      <input type="checkbox"/> 2. Fair</td></tr><tr><td><input type="checkbox"/> 2. Slightly Satisfied</td><td><input type="checkbox"/> 3. Good      <input type="checkbox"/> 4. Very Good</td></tr><tr><td><input type="checkbox"/> 3. Moderately Satisfied</td><td><input type="checkbox"/> 5. Excellent</td></tr><tr><td><input type="checkbox"/> 4. Very Satisfied</td><td></td></tr><tr><td><input type="checkbox"/> 5. Extremely Satisfied</td><td></td></tr><tr><td colspan="2">Comments &amp; Suggestion</td></tr><tr><td colspan="2">Name &amp; Signature</td></tr><tr><td colspan="2">Designation/Position</td></tr></tbody></table>	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		<input type="checkbox"/> 5. Extremely Satisfied		Comments & Suggestion		Name & Signature		Designation/Position	
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Checked & verified : _____ PPO Head/Director (Name and Signature)																			
Notes:																			