



REPAIR AND MAINTENANCE REQUEST

Date filed

January 21, 2021

Building/Facility/

House No./

Apartment No./

NARC

Location

Requesting party

FLORA MIA Y. DUATIN

Designation/

Position

Associate Professor III

Received by

Designation/

Position

Maintenance

control number

Date received

Name & Signature

Filled in by requesting party

Filled in by PPO

Note:
I. Three (3) copies: (1) for requesting party, (1) for PPO Unit Head & (1) for maintenance team
II. One (1) job request in every of PPO unit
III. Job request control number is required.

Please check and specify the nature of work requested

- ☐ Vehicle Repair
- ☐ Carpentry & Furniture Works
- ☐ Welding Works
- ☐ Machining works (lathe, shaper, drill press, etc.)
- ☐ Plumbing Works
- ☐ Instrumentation equipment & Laboratory instrument
- ☐ Electrical Works
- ☐ Heating, Ventilating, Air conditioning & Refrigeration
- ☐ Others (specify):

Brief Description of Repair and Maintenance

Repair of Roof of NARC Sterilization Area.

Materials/Supplies/Parts: ☐ Available ☐ Not Available

Part/Supplies/Materials Required	Manpower Requirement	Estimated hours/days to finished

Inspected by: _____
Checked & Verified by: _____
PPO Maintenance by: _____
PPO Unit Head _____
Approved by: _____
PPO Director _____