



PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	
Date filed	: November 23, 2023
Building/Department	: Advanced Research and Innovation Center
Location	: BNCL - Ground Floor
Requesting party	: MARIA RHODA A. SALAS
	Name & Signature
Designation/Position	: Science Research Assistant, ARI Center
Contact no./Email	: Maria.salas@vsu.edu.ph
<i>Filled in by PPO</i>	
Date received	:
Received by	: _____ Name & Signature
Designation/Position	:
Request Reference Number	:

Please check and specify the nature of service request

<input type="checkbox"/> Audio System (amplifier, speakers and microphones) With Lights? Yes. <input type="checkbox"/> No. <input type="checkbox"/> 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 checked="" 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 type="checkbox"/> Other/s (Specify) : _____	

Brief Description of Service Request

Installation of laboratory window black out roll-up curtains in Bioactive Natural Compounds Laboratory.

ACCOMPLISHMENT

Filled in by PPO Personnel		Filled in by Requesting Party	
Conducted by	: PPO Maintenance Personnel (Name and Signature)	Service Satisfaction	OVER ALL RATING
Date & Time Started	:	<input type="checkbox"/> 1. Not Satisfied <input type="checkbox"/> 2. Slightly Satisfied <input type="checkbox"/> 3. Moderately Satisfied <input type="checkbox"/> 4. Very Satisfied <input type="checkbox"/> 5. Extremely Satisfied	<input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair <input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good <input type="checkbox"/> 5. Excellent
Date & Time Finished	:		
Checked & verified	: PPO Head/Director (Name and Signature)		
Notes:			
		Comments & Suggestion	
		Name & Signature	
		Designation/Position	