



## REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	
Date filed	: February 26, 2024
Building/Department	: Advanced Research and Innovation Center
Location	: 2 <sup>nd</sup> floor panel control room
Requesting party	: MA. THERESA P. LORETO Name & Signature
Designation/Position	: Director, ARI Center
Contact no./Email	: mtploreto@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 work requested:		
<input type="checkbox"/> Vehicle Repair	<input checked="" 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 in the brief description below)
Brief Description of the Nature of Work Requested		
Repair of ceiling Note: Please paint the ceiling if repair is done.		

INSPECTION (Filled in by PPO Personnel)		
Date of Inspection: _____ Time started: _____ [AM] [PM] Time ended: _____ [AM] [PM]		
<input type="checkbox"/> In-House Repair and Maintenance <input type="checkbox"/> For Outsourcing Repair and Maintenance		
Materials/Parts	Manpower Required: _____	Estimated hours/days of repair: _____
<input type="checkbox"/> Available	<input type="checkbox"/> Available	Schedule of repair: _____
<input type="checkbox"/> Not Available	<input type="checkbox"/> Not Available	
Conducted: _____ PPO Maintenance Personnel/Name & Sign		Confirmed: _____ Name and Signature
_____ Designation/Position		_____ Designation/Position

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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Service Satisfaction</th> <th style="width: 50%;">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" style="text-align: center;">Comments &amp; Suggestion</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	
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Checked & verified : _____ PPO Head/Director (Name and Signature)															
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