



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	
Date filed	Aug. 12, 2025
Building/Department	Dept. of Economics
Location	Upper Campus
Requesting party	<u>LEMUEL S. PRECIADOS</u> Name & Signature
Designation/Position	Head, DoE
Contact no./Email	1024

<i>Filled in by GenSO</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 type="checkbox"/> Carpentry & Furniture Works	<input type="checkbox"/> Electrical Works
<input checked="" 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
1. Request for welding a <u>CUSTOMIED</u> BARREL BOLT AS PERMANENT LOCK OF THE FOUR DOORS IN ROOM 234 AND 235 considering that facilities are installed in the said rooms.

INSPECTION (Filled in by GenSO 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: _____ GenSO Maintenance Personnel/Name & Sign Designation/Position		Confirmed: _____ Name and Signature Designation/Position

ACCOMPLISHMENT	
<i>Filled in by GenSO Personnel</i>	
Conducted by	GenSO Maintenance Personnel (Name and Signature)
Date & Time Started	
Date & Time Finished	
Checked & verified	GenSO Head/Director (Name and Signature)
Notes:	

<i>Filled in by Requesting Party</i>	
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"/> 4. Very Satisfied	<input type="checkbox"/> 5. Excellent
<input type="checkbox"/> 5. Extremely Satisfied	
Comments & Suggestion	
Name & Signature	
Designation/Position	