



## REPAIR AND MAINTENANCE REQUEST

### REQUEST INFORMATION

*Filled in by requesting party*

Date filed : January 20, 2024

Building/Department : Dept. of Economics

Location : Upper Campus

Requesting party : LEMUEL PRECIADOS  
Name & Signature

Designation/Position : Head, DoEcon

Contact no./Email : 1024

*Filled in by PPO*

Date received : \_\_\_\_\_

Received by \_\_\_\_\_

Name &amp; Signature

Designation/Position : \_\_\_\_\_

Request Reference  
Number : \_\_\_\_\_*Please check and specify the nature of work requested:*☐ Vehicle Repair☐ Carpentry & Furniture Works☐ Electrical Works☐ Welding Works☒ Plumbing Works☐ Heating, Ventilating, Air  
conditioning & Refrigeration☐ Machining works  
(Lathe, shaper, drill press, etc.)☐ Instrumentation equipment  
& Laboratory instrument☐ Others (specify in the brief description  
below)

### Brief Description of the Nature of Work Requested

1. Installation of proper Aircon piping in the department of Economics especially in the side hallway where students faculty and staff passes always. These could result to wet floors and could leads to slipping accident.

2. Plumbing problem in the Faculty Female Rest Room of DOE, continuous dripping of the faucet that needs for fixing and repair, which could be in a use of gate valve.

### INSPECTION (Filled in by PPO Personnel)

Date of Inspection: \_\_\_\_\_ Time started: \_\_\_\_\_ [AM] [PM] Time ended: \_\_\_\_\_ [AM] [PM]

☐ In-House Repair and Maintenance☐ For Outsourcing Repair and Maintenance

Materials/Parts

Manpower Required: \_\_\_\_\_

Estimated hours/days  
of repair: \_\_\_\_\_☐ Available☐ Available

Schedule of repair: \_\_\_\_\_

☐ Not Available☐ Not Available

Conducted: \_\_\_\_\_

PPO Maintenance Personnel/Name &amp; Sign

Confirmed: \_\_\_\_\_

Name and Signature

Designation/Position

Designation/Position

### ACCOMPLISHMENT

*Filled in by PPO Personnel*Conducted by : PPO Maintenance Personnel  
(Name and Signature)Date & Time  
Started : \_\_\_\_\_Date & Time  
Finished : \_\_\_\_\_Checked & verified : PPO Head/Director  
(Name and Signature)

Notes: \_\_\_\_\_

*Filled in by Requesting Party*

### Service Satisfaction

- ☐ 1. Not Satisfied  
☐ 2. Slightly Satisfied  
☐ 3. Moderately Satisfied  
☐ 4. Very Satisfied  
☐ 5. Extremely Satisfied

### OVER ALL RATING

- ☐ 1. Poor ☐ 2. Fair  
☐ 3. Good ☐ 4. Very Good  
☐ 5. Excellent

### Comments & Suggestion

Name &amp; Signature

Designation/Position