



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION

Filled in by requesting party

Date filed : October 17, 2023

Building/Department : Advanced Research and Innovation Center

Location : Septic Tank - Ground Floor

Requesting party : MA. THERESA P. LORETO
Name & Signature

Designation/Position : Director, ARI Center

Contact no./Email : mtploreto@vsu.edu.ph

Filled in by PPO

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 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

The Stench emanating from septic tank is unbearably strong particularly during rainy days, resulting in health hazards of the ARI Center's Faculty, Staff and Guests.

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: _____

Schedule of repair: _____

☐ Available

☐ Available

☐ Not Available

☐ Not Available

Conducted:

PPO Maintenance Personnel/Name & 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 & Signature

Designation/Position