



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION

<i>Filled in by requesting party</i>		<i>Filled in by PPO</i>	
Date filed	: January 20, 2024	Date received	:
Building/Department	: Dept. of Economics	Received by	: Name & Signature
Location	: Upper Campus	Designation/Position	:
Requesting party	: <u>LEMUEL PRECIADOS</u>	Request Reference Number	:
	: Name & Signature		
Designation/Position	: Head, DoEcon		
Contact no./Email	: 1024		

Please check and specify the nature of work requested:

- | | | |
|---|--|---|
| <input type="checkbox"/> Vehicle Repair | <input type="checkbox"/> Carpentry & Furniture Works | <input checked="" 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

1. Replacement of lighting assembly sets of some of the burn-out lights in DOE classrooms since the assembly light sets are already available in DOE stockroom, yet request for labor services.
2. *check up & repair to ceiling in the Ecom 134 Roomy (urgent...)*
3. Proper installation of wirings in all classrooms specifically DOE 234, 235, 134, 135, 136, and YES room. Safety is no. 1 priority, hence use of multiple extension wires in all the wall fans are discouraged. With this electrician is requested.

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: _____		Confirmed: _____
PPO Maintenance Personnel/Name & Sign		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)	Service Satisfaction	OVER ALL RATING
Date & Time Started	:	<input type="checkbox"/> 1. Not Satisfied	<input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair
Date & Time Finished	:	<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	
Checked & verified	: PPO Head/Director (Name and Signature)	Comments & Suggestion	
Notes:		Name & Signature	