



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION													
<i>Filled in by requesting party</i> Date filed : January 25, 2023 Building/Department : Department of Agronomy Location : Palayamanan Area Requesting party : JOSEPH B. MERANO <div style="text-align: center;">Name & Signature</div> Designation/Position : Contact no./Email :		<i>Filled in by PPO</i> Date received : Received by : <div style="text-align: center;">Name & Signature</div> 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													
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 by: _____		Confirmed: _____											
PPO Maintenance Personnel/Name & Sign		Name and Signature											
Designation/Position		Designation/Position											
ACCOMPLISHMENT													
<i>Filled in by PPO Personnel</i> Conducted by : PPO Maintenance Personnel <div style="text-align: center;">(Name and Signature)</div> Date & Time Started : 		<i>Filled in by Requesting Party</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #FFD700;"> <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> </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	
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