



PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATION	
<i>Filled in by requesting party</i> Date filed : <u>5/17/24</u> Building/Department : <u>NGTP</u> Location : <u>Lower Campus</u> Requesting party : <u>David P. Lina</u> <div style="text-align: right;">Name & Signature</div> Designation/Position : <u>NGTP Director</u> Contact no./Email : _____	<i>Filled in by PPO</i> Date received : _____ Received by : _____ <div style="text-align: right;">Name & Signature</div> Designation/Position : _____ Request Reference Number : _____

Please check and specify the nature of service request	
<input type="checkbox"/> Audio System (amplifier, speakers and microphones) With Lights? Yes. ___ No. ___ Setup Location: _____ Date & Time Needed: _____ Estimated Duration (hrs): _____ <input type="checkbox"/> Land preparation, plowing & harrowing Location/Area covered: _____ Estimated passing trip: _____ <input type="checkbox"/> Site development, levelling, scrapping & backfilling Location: _____ <input type="checkbox"/> Hauling (Construction materials, office equipment & etc.) From: _____ To: _____ <input type="checkbox"/> Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection and the likes)	<input type="checkbox"/> Tent installation/s Setup Location: _____ No. of tent: _____ Tent size: _____ <input type="checkbox"/> Fabrication/s (new cabinets, furniture, metal works and other fabrications not considered as repair and maintenance) <input type="checkbox"/> Installation/s (tarpaulin, signage, new lock & knobs & other installation not considered as repair and maintenance) <input type="checkbox"/> Machining works (lathe, shaper, drill press & etc.) <input type="checkbox"/> Landscaping (Design and Installation) Location/Area covered: _____ <input checked="" type="checkbox"/> Other/s (Specify) : <u>LED Wall installation</u>
Brief Description of Service Request	
<u>Use of LED Wall for CWTS Graduation in VSU Gym on May 18, 2024.</u>	

ACCOMPLISHMENT															
<i>Filled in by PPO Personnel</i> Conducted by : _____ <div style="text-align: right;">PPO Maintenance Personnel (Name and Signature)</div> Date & Time Started : _____ Date & Time Finished : _____ Checked & verified : _____ <div style="text-align: right;">PPO Head/Director (Name and Signature)</div> Notes: _____	<i>Filled in by Requesting Party</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; background-color: #d3d3d3;">Service Satisfaction</th> <th style="width: 50%; background-color: #d3d3d3;">OVER ALL RATING</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> 1. Not Satisfied <input type="checkbox"/> 2. Slightly Satisfied <input type="checkbox"/> 3. Moderately Satisfied <input type="checkbox"/> 4. Very Satisfied <input type="checkbox"/> 5. Extremely Satisfied </td> <td> <input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair <input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good <input type="checkbox"/> 5. Excellent </td> </tr> <tr> <td colspan="2" style="background-color: #d3d3d3;">Comments & Suggestion</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </tbody> </table>	Service Satisfaction	OVER ALL RATING	<input type="checkbox"/> 1. Not Satisfied <input type="checkbox"/> 2. Slightly Satisfied <input type="checkbox"/> 3. Moderately Satisfied <input type="checkbox"/> 4. Very Satisfied <input type="checkbox"/> 5. Extremely Satisfied	<input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair <input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good <input type="checkbox"/> 5. Excellent	Comments & Suggestion									
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