



## PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	
Date filed	: <u>May 5, 2025</u>
Building/Department	: <u>NSTP</u>
Location	: <u>Lower Campus</u>
Requesting party	: <u>Dario P. Lina</u> Name & Signature
Designation/Position	: <u>NSTP Director</u>
Contact no./Email	:
<i>Filled in by PPO</i>	
Date received	:
Received by	: _____ Name & Signature
Designation/Position	:
Request Reference Number	:

*Please check and specify the nature of service request*

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Audio System (amplifier, speakers and microphones)<br>With Lights? Yes. ___ No. ___<br>Setup Location: <u>Gym and Lower Oval Stage</u><br>Date & Time Needed: <u>May 17, 18, 26</u><br>Estimated Duration (hrs): _____ | <input type="checkbox"/> Tent installation/s<br>Setup Location: _____<br>No. of tent: _____<br>Tent size: _____                               |
| <input type="checkbox"/> Land preparation, plowing & harrowing<br>Location/Area covered: _____<br>Estimated passing trip: _____  | <input type="checkbox"/> Fabrication/s (new cabinets, furniture, metal works and other fabrications not considered as repair and maintenance) |
| <input type="checkbox"/> Site development, levelling, scrapping & backfilling<br>Location: _____   | <input type="checkbox"/> Installation/s (tarpaulin, signage, new lock & knobs & other installation not considered as repair and maintenance)  |
| <input type="checkbox"/> Hauling (Construction materials, office equipment & etc.)<br>From: _____ To: _____  | <input type="checkbox"/> Machining works (lathe, shaper, drill press & etc.)  |
| <input type="checkbox"/> Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection and the likes)  | <input type="checkbox"/> Landscaping (Design and Installation)<br>Location/Area covered: _____  |
|  | <input type="checkbox"/> Other/s (Specify) : _____  |

### Brief Description of Service Request

Sound system needed for CWTS Assessment and ROTC Tactical Inspection.

ACCOMPLISHMENT	
<i>Filled in by PPO Personnel</i>	
Conducted by	: _____ PPO Maintenance Personnel (Name and Signature)
Date & Time Started	:
Date & Time Finished	:
Checked & verified	: _____ PPO Head/Director (Name and Signature)
Notes:	
<i>Filled in by Requesting Party</i>	
<b>Service Satisfaction</b>	<b>OVER ALL RATING</b>
<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	
<input type="checkbox"/> 5. Extremely Satisfied	
<b>Comments &amp; Suggestion</b>	
Name & Signature	
Designation/Position	