



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION	
<i>Filled in by requesting party</i> Date filed : <u>February 20, 2024</u> Building/Department : <u>DEPARTMENT OF AGRONOMY</u> Location : <u>UPPER CAMPUS</u> Requesting party : <u>ED ALLAN L. TALCOPER</u> <div style="text-align: center;">Name & Signature</div> Designation/Position : <u>ASST. PROF. IV</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 work requested:		
<input type="checkbox"/> Vehicle Repair <input type="checkbox"/> Welding Works <input type="checkbox"/> Machining works (Lathe, shaper, drill press, etc.)	<input type="checkbox"/> Carpentry & Furniture Works <input checked="" type="checkbox"/> Plumbing Works <input type="checkbox"/> Instrumentation equipment & Laboratory instrument	<input type="checkbox"/> Electrical Works <input type="checkbox"/> Heating, Ventilating, Air conditioning & Refrigeration <input type="checkbox"/> Others (specify in the brief description below)
Brief Description of the Nature of Work Requested		
<u>Faucets are not working</u>		

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: _____ Schedule of repair: _____	
<input type="checkbox"/> Available	<input type="checkbox"/> Available		
<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> Conducted by : _____ <div style="text-align: center;">PPO Maintenance Personnel (Name and Signature)</div> Date & Time Started : _____ Date & Time Finished : _____ Checked & verified : _____ <div style="text-align: center;">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 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 <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="text-align: center;">Comments & Suggestion</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">Name & Signature</td> </tr> <tr> <td colspan="2" style="text-align: center;">Designation/Position</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				Name & Signature		Designation/Position			
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