



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	
Date filed	17 April 2023
Building/Department	Bougainvillea Cottage
Location	Visayas State University, Lower Capus
Requesting party	MERRY JEAN A. CAPARAS <i>(Signature)</i> Name & Signature
Designation/Position	Instructor 1/ Assistant Adviser
Contact no./Email	merry.caparas@vsu.edu.ph
<i>Filled in by PPO</i>	
Date received	
Received by	Name & Signature
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 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

Replacement of florescent light and checking of wiring in room 4.

Note: This is urgent. The students needed the light to study for their midterm exam

INSPECTION (Filled in by PPO Personnel)

Date of Inspection: _____ Time started: _____ [AM] [PM] Time ended: _____ [AM] [PM]

☐ In-House Repair and Maintenance ☐ 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

Filled in by PPO Personnel

Conducted by: _____ PPO Maintenance Personnel
(Name and Signature)

Date & Time Started: _____

Date & Time Finished: _____

Checked & verified: _____ PPO Head/Director
(Name and Signature)

Notes: _____

Filled in by Requesting Party

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	Comments & Suggestion
<input type="checkbox"/> 5. Extremely Satisfied	
Name & Signature	
Designation/Position	



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION

Filled in by requesting party

Date filed : 17 April 2023

Building/Department : Bougainvillea Cottage

Location : Visayas State University,
Lower Capus

Requesting party : MERRY JEAN A.
CAPARAS
Name & Signature

Designation/Position : Instructor 1/ Assistant
Adviser

Contact no./Email : merry.caparas@vsu.edu.ph

Filled in by PPO

Date received : _____

Received by : _____
Name & Signature

Designation/Position : _____

Request Reference Number : _____

Please check and specify the nature of work requested:

- | | | |
|--|--|---|
| <input type="checkbox"/> Vehicle Repair | <input checked="" 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

Repair of rotten wooden floors, ceiling, and walls (including wall patches) in room 1, 2, 3, and 4

Note: This is urgent. The student's safety is at risk with several holes in the floor, ceiling, and walls.

INSPECTION (Filled in by PPO Personnel)

Date of Inspection: _____ Time started: _____ [AM] [PM] Time ended: _____ [AM] [PM]

☐ In-House Repair and Maintenance

☐ For Outsourcing Repair and Maintenance

Materials/Parts

Manpower Required: _____

Estimated hours/days of repair: _____

☐ Available

☐ Available

Schedule of repair: _____

☐ Not Available

☐ Not Available

Conducted: _____

PPO Maintenance Personnel/Name & Sign

Confirmed: _____

Name and Signature

Designation/Position

Designation/Position

ACCOMPLISHMENT

Filled in by PPO Personnel

Conducted by : PPO Maintenance Personnel
(Name and Signature)

Date & Time Started : _____

Date & Time Finished : _____

Checked & verified : _____

PPO Head/Director
(Name and Signature)

Notes: _____

Filled in by Requesting Party

Service Satisfaction

- ☐ 1. Not Satisfied
- ☐ 2. Slightly Satisfied
- ☐ 3. Moderately Satisfied
- ☐ 4. Very Satisfied
- ☐ 5. Extremely Satisfied

OVER ALL RATING

- ☐ 1. Poor ☐ 2. Fair
- ☐ 3. Good ☐ 4. Very Good
- ☐ 5. Excellent

Comments & Suggestion

Name & Signature

Designation/Position

Vision:

A globally competitive university for science, technology, and environmental conservation.

Mission:

Development of a highly competitive human resource, cutting-edge scientific knowledge and innovative technologies for sustainable communities and environment.