



REPAIR AND MAINTENANCE REQUEST

| Filled in by requesting party | |
|-----------------------------------------------------------------|-----------------------------------------------------|
| Date filed | : November 8, 2022 |
| Building/Facility/ House No/ Apartment No./ Department | : Dept. of Food Science and Technology |
| Location | : DFST, FOOD TESTING LAB |
| Requesting party | : <u>LYNETTE C. CIMA FRANCA</u> Name & Signature |
| Designation/ Position | : Department Head |

| Filled in by PPO | |
|-------------------------------|-----------------------------|
| Date received | : |
| Received by | : _____ Name & Signature |
| Designation/ Position | : |
| Maintenance control 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): _____ |

Materials/Supplies/Parts: ☐ Available ☒ Not Available

| Brief Description of Repair and Maintenance |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Request an assessment of the materials required for the relocation of the power outlets for the equipment affected by the relocation of raw water source piping. Request is initiated due to lab safety concerns. |

| Filled in by PPO personnel | | |
|----------------------------------|----------------------|----------------------------------|
| Part/Supplies/Materials Required | Manpower Requirement | Estimated hours/days to finished |
| | | |
| | | |
| | | |

Conducted by: _____
PPO Personnel
(Name & Signature)

PPO Unit: _____

Checked &
Verified by: _____
PPO Head
(Name & Signature)

| Filled in by the requesting party after the conduct of repair and maintenance | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service Satisfaction <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 | OVER-ALL RATING <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 and Signature |