



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	
Date filed	: February 20, 2023
Building/Department	: Advanced Research Innovation Center
Location	: Visayas State University
Requesting party	: MA. THERESA P. LORETO <i>mtplredo</i>
	: Name & Signature
Designation/Position	: Director, ARI Center
Contact no./Email	: mtploreto@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 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 checked="" type="checkbox"/> Instrumentation equipment & Laboratory instrument	<input type="checkbox"/> Others (specify in the brief description below)
Brief Description of the Nature of Work Requested		
To check and repair laboratory hotplate and TLDC		

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: _____
<input type="checkbox"/> Available	<input type="checkbox"/> Available	Schedule of repair: _____
<input type="checkbox"/> Not Available	<input type="checkbox"/> Not Available	
Conducted: _____ PPO Maintenance Personnel/Name & Sign _____ Designation/Position		Confirmed: _____ Name and Signature _____ Designation/Position

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>	
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	