



PHYSICAL PLANT OFFICE

Visca, Baybay City, Leyte, PHILIPPINES Telefax: 1041(LOCAL) Email: www.ppo.@vsu.edu.ph

Website: www.vsu.edu.ph

PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATION	
Filled in by requesting party	Filled in by PPO
Date filed : October 17, 2024	Date received :
Building/Department : ISRDS	Received by Name & Signature
Location : VSU, Visca, Baybay City	Designation/Position :
Requesting party : LILIAN B. NUÑEZ MINE Name & Signature	Request Reference : Number
Designation/Position : Director	
Contact no./Email	
Please check and specify the nature of service request Audio System(amplifier, speakers and	
microphones)	Tent installation/s
With Lights? Yes No	Setup Location:
Setup Location: Date & Time Needed:	No. of tent:
Date & Time Needed:	Tent size:
Estimated Duration (hrs):	Fabrication/s (new cabinets, furniture, metal works and other
Land preparation, plowing & harrowing	fabrications not considered as repair and maintenance)
Location/Area covered:	Installation/s (tarpaulin, signage, new lock & knobs & other
Estimated passing trip:	installation not considered as repair and maintenance)
Site development, levelling, scrapping & backfilling	Machining works (lathe, shaper, drill press & etc.)
Location:	Landscaping (Design and Installation)
Hauling (Construction materials, office equipment & etc.)	Location/Area covered:
From: To:	Other/s (Specify):
Plans, Layouts and Estimates (<i>Drafting, floor</i>	Other (openity)
plan/s, material & cost estimate, site inspection and the likes)	4
	iption of Service Request
Installation of wall fan leading towards the ISRDS factors and the ISRDS factors are also as a second secon	ulty rooms.
Filled in by PPO Personnel	Filled in by Requesting Party
Conducted by : PRO Maintanance Personnel	Service Satisfaction OVER ALL RATING
FFO Walltellance Felsonile	☐ 1. Not Satisfied ☐ 1. Poor ☐ 2. Eair
(Name and Signature)	☐ 1. Not Satisfied ☐ 1. Poor ☐ 2. Eair ☐ 4. Very Good
Date & Time Started	☐ 3. Moderately Satisfied ☐ 3. Good
	☐ 4. Very Satisfied ☐ 5. Excellent
Date & Time	☐ 5. Extremely Satisfied
Finished	Comments & Suggestion
	Comments & ouggestion
Checked : PPO Head/Director	
XVARITIED	
(Name and Signature)	Name &Signature
(Name and Signature) Notes:	Name &Signature
(Name and Signature)	Name &Signature Designation/Position