



REPAIR AND MAINTENANCE REQUEST																							
REQUEST INFORMATION																							
<i>Filled in by requesting party</i> Date filed : <u>May 5, 2025</u> Building/Department : <u>NSTP</u> Location : <u>Lower Campus</u> Requesting party : <u>Dario P. Ling</u> <div style="text-align: right;">Name & Signature</div> Designation/Position : <u>NSTP Director</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"/> 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 checked="" type="checkbox"/> Others (specify in the brief description below)																					
Brief Description of the Nature of Work Requested																							
<u>Request for re-paint of the NSTP office for ROTC Tactical Inspection on May 26, 2025.</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: _____																					
<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 : _____ <div style="text-align: right;">PPO Maintenance Personnel (Name and Signature)</div> Date & Time Started : _____ Date & Time Finished : _____ Checked & verified : _____ <div style="text-align: right;">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</td> <td><input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair</td> </tr> <tr> <td><input type="checkbox"/> 2. Slightly Satisfied</td> <td><input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good</td> </tr> <tr> <td><input type="checkbox"/> 3. Moderately Satisfied</td> <td><input type="checkbox"/> 5. Excellent</td> </tr> <tr> <td><input type="checkbox"/> 4. Very Satisfied</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5. Extremely Satisfied</td> <td></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">Name & Signature</td> </tr> <tr> <td colspan="2">Designation/Position</td> </tr> </tbody> </table>		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		<input type="checkbox"/> 5. Extremely Satisfied		Comments & Suggestion				Name & Signature		Designation/Position	
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