



PHYSICAL PLANT SERVICE REQUEST FORM

Filled in by requesting party		Filled in by PPO	
Date filed	: Jan. 10, 2023	Date received	:
Building/Facility/ House No/ Apartment No./ Department	: Dept. of Economics	Received by	: Name & Signature
Location	: Upper Campus	Designation/ Position	:
Requesting party	: MARIA HAZEL I. BELLEZAS	Document control number	:
Designation/ Position	: Head, DoEcon		

Please check and specify the nature of service request

<input type="checkbox"/> Audio System (amplifier, speakers and microphones) With Lights? Yes. ___ No. ___ Setup Location: _____ Date & Time Needed: _____ Estimated Duration (hrs): _____	<input type="checkbox"/> Tent installation/s Setup Location: _____ No. of tent: _____ Tent size: _____
<input type="checkbox"/> Land preparation, plowing & harrowing Location/Area covered: _____ Estimated passing trip: _____	<input type="checkbox"/> Fabrication/s (new cabinets, furniture, metal works and other fabrications not considered as repair and maintenance)
<input type="checkbox"/> Site development, levelling, scrapping & backfilling Location: _____	<input type="checkbox"/> Installation/s (tarpaulin, signage, new lock & knobs & other installation not considered as repair and maintenance)
<input type="checkbox"/> Hauling (Construction materials, office equipment & etc.) From: _____ To: _____	<input type="checkbox"/> Machining works (lathe, shaper, drill press & etc.)
<input type="checkbox"/> Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection and the likes)	<input type="checkbox"/> Landscaping (Design and Installation) Location/Area covered: _____
	<input type="checkbox"/> Other/s (Specify) : <u>Electrical</u>

Brief Description of Service Request
1. Repair of lights of Ms. Zyra May Centino's Room. <i>(urgent!!!)</i>

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Conducted by: _____ PPO Personnel (Name & Signature)	<table border="1"> <thead> <tr> <th>Service Satisfaction</th> <th>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 rowspan="2">Comments & Suggestion</td> </tr> <tr> <td><input type="checkbox"/> 5. Extremely Satisfied</td> </tr> <tr> <td colspan="2">Name and Signature</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	Comments & Suggestion	<input type="checkbox"/> 5. Extremely Satisfied	Name and Signature	
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Checked & Verified by: _____ PPO Head/Director (Name & Signature)														