



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION

<i>Filled in by requesting party</i>		<i>Filled in by PPO</i>	
Date filed	: September 13, 2024	Date received	:
Building/Department	: Department of Agronomy Screenhouse <i>near Department of PEd Hg</i>	Received by	: _____ Name & Signature
Location	: Department of Agronomy	Designation/Position	:
Requesting party	: LUZ G. ASIO	Request Reference Number	:
Designation/Position	: _____ Name & Signature		
Contact no./Email	: _____ Head, DA		

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 checked="" 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 in the brief description below)

Brief Description of the Nature of Work Requested

1. To check and repair the non-functional faucets at the Department of Agronomy Screenhouse.

INSPECTION (*Filled in by PPO Personnel*)

Date of Inspection: _____ Time started: _____ [AM] [PM] Time ended: _____ [AM] [PM]

☐ In-House Repair and Maintenance ☐ 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: _____ Confirmed: _____

PPO Maintenance Personnel/Name & Sign _____ Name and Signature _____

Designation/Position _____ Designation/Position _____

ACCOMPLISHMENT

<i>Filled in by PPO Personnel</i>		<i>Filled in by Requesting Party</i>	
Conducted by	: PPO Maintenance Personnel (Name and Signature)	Service Satisfaction	OVER ALL RATING
Date & Time Started	:	<input type="checkbox"/> 1. Not Satisfied	<input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair
Date & Time Finished	:	<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	
Checked & verified	: PPO Head/Director (Name and Signature)	Name & Signature	
Notes:		Designation/Position	