



PHYSICAL PLANT SERVICE REQUEST FORM

Filled in by requesting party		Filled in by PPO	
Date filed	: Oct. 4, 2021	Date received	:
Building/Facility/ House No/ Apartment No./ Department	: Eco-FARMI	Received by	: Name & Signature
Location	: VSU, Visca Baybay, City	Designation/ Position	:
Requesting party	: DHENBER C. LUSANTA	Maintenance control number	:
Designation/ Position	: OIC Director, Eco FARMI		

To be accomplished in three (3) copies

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) Installation/s (tarpaulin, signage, new lock & knobs & other installation not considered as repair and maintenance)
<input type="checkbox"/> Site development, levelling, scrapping & backfilling Location: _____	<input type="checkbox"/> Machining works (lathe, shaper, drill press & etc.)
<input type="checkbox"/> Hauling (Construction materials, office equipment & etc.) From: _____ To: _____	<input checked="" type="checkbox"/> Others (specify): <u>Painting of cabinet and working table</u>

Brief Description of Service Request
<ul style="list-style-type: none"> Painting of cabinet and working table

Service Conducted by	: _____ Name & Signature
PPO Unit	: _____
Conformed by (Requesting Party)	: _____ Name & Signature
Checked by (PPO Unit Head)	: _____ Name & Signature

To be filled by the requesting party after service request conducted

Overall Service Satisfaction
1. Not Satisfied
2. Slightly Satisfied
3. Moderately Satisfied
4. Very Satisfied
5. Extremely Satisfied