



REPAIR AND MAINTENANCE REQUEST

| REQUEST INFORMATION | |
|--------------------------------------|-------------------------------------|
| <i>Filled in by requesting party</i> | |
| Date filed | Feb. 01, 2023 |
| Building/Department | |
| Location | Dept. of Soil Science Shed house |
| Requesting party | ANGELICA ASOY Name & Signature |
| Designation/Position | Lab. Tech II |
| Contact no./Email | 09125816741 |
| <i>Filled in by PPO</i> | |
| Date received | |
| Received by | Name & Signature |
| 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 checked="" 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 type="checkbox"/> Others (specify in the brief description below) |
| Brief Description of the Nature of Work Requested | | |
| Electrical line repair - connection to the lamp. | | |

| INSPECTION (Filled in by PPO Personnel) | | |
|---|--|---|
| Date of Inspection: _____ Time started: _____ [AM] [PM] Time ended: _____ [AM] [PM] | | |
| <input checked="" type="checkbox"/> In-house Repair and Maintenance | | <input type="checkbox"/> 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 | | Confirmed: _____ Name and Signature |
| _____ Designation/Position | | _____ Designation/Position |

| ACCOMPLISHMENT | |
|--|--|
| <i>Filled in by PPO Personnel</i> | |
| Conducted by | PPO Maintenance Personnel (Name and Signature) |
| Date & Time Started | |
| Date & Time Finished | |
| Checked & verified | PPO Head/Director (Name and Signature) |
| Notes: | |
| <i>Filled in by Requesting Party</i> | |
| 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"/> 4. Very Satisfied | <input type="checkbox"/> 5. Excellent |
| <input type="checkbox"/> 5. Extremely Satisfied | Comments & Suggestion |
| Name & Signature | |
| Designation/Position | |