



PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	
Date filed	: June 06, 2023
Building/Department	: Department of Agronomy Head office
Location	: Administrative Office
Requesting party	: DIONESIO M. BAÑOC
	: Name & Signature
Designation/Position	: Head, DA
Contact no./Email	:
<i>Filled in by PPO</i>	
Date received	:
Received by	: Name & Signature
Designation/Position	:
Request Reference Number	:

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 checked="" 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>Installation of glass Cabinet</u> |

Brief Description of Service Request

1. Installation of glass cabinet

ACCOMPLISHMENT

Filled in by PPO Personnel

Conducted by : PPO Maintenance Personnel
(Name and Signature)

Date & Time Started :

Date & Time Finished :

Checked & verified : PPO Head/Director
(Name and Signature)

Notes:

Filled in by Requesting Party

Service Satisfaction

- ☐ 1. Not Satisfied
☐ 2. Slightly Satisfied
☐ 3. Moderately Satisfied
☐ 4. Very Satisfied
☐ 5. Extremely Satisfied

OVER ALL RATING

- ☐ 1. Poor ☐ 2. Fair
☐ 3. Good ☐ 4. Very Good
☐ 5. Excellent

Comments & Suggestion

Name & Signature

Designation/Position