



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION

Filled in by requesting party

Date filed : January 06, 2025

Building/Department : Department of Agronomy

Location : DA Rm-202

Requesting party : LUZ G. ASIO
Name & Signature

Designation/Position : Head, DA

Contact no./Email :

Filled in by PPO

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 checked="" type="checkbox"/> Carpentry & Furniture Works | <input 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

1. To check and repair the leakage of ceiling at DA Prep. Rm 202.

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: _____ PPO Maintenance Personnel/Name & Sign
Designation/Position: _____

Confirmed: _____ Name and Signature
Designation/Position: _____

ACCOMPLISHMENT

Filled in by PPO Personnel		Filled in by Requesting Party	
Conducted by : _____ PPO Maintenance Personnel (Name and Signature)	Service Satisfaction <input type="checkbox"/> 1. Not Satisfied <input type="checkbox"/> 2. Slightly Satisfied <input type="checkbox"/> 3. Moderately Satisfied <input type="checkbox"/> 4. Very Satisfied <input type="checkbox"/> 5. Extremely Satisfied	OVER ALL RATING <input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair <input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good <input type="checkbox"/> 5. Excellent	
Date & Time Started : _____		Comments & Suggestion 	
Date & Time Finished : _____			
Checked & verified : _____ PPO Head/Director (Name and Signature)			
Notes: _____			
		Name & Signature Designation/Position	