



## REPAIR AND MAINTENANCE REQUEST

### REQUEST INFORMATION

<i>Filled in by requesting party</i>		<i>Filled in by PPO</i>	
Date filed	: 3/6/23	Date received	:
Building/Department	: Warner Apartment # 100	Received by	: _____ Name & Signature
Location	: Back of VSU Market	Designation/Position	:
Requesting party	: MARIA TERESA A. CRUZ	Request Reference Number	:
	: _____ Name & Signature		
Designation/Position	: HEAD, IASO		
Contact no./Email	:		

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 type="checkbox"/> Plumbing Works                                    | <input type="checkbox"/> Heating, Ventilating, Air conditioning & Refrigeration |
| <input type="checkbox"/> Machining works<br>(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

Kitchen sink drainage must be connected to the septic tank or closed canal. Currently, the kitchen sink drain pipe is not connected.

### INSPECTION (Filled in by PPO Personnel)

Date of Inspection: _____ Time started: _____ [AM] [PM] Time ended: _____ [AM] [PM]		
<input type="checkbox"/> In-House Repair and Maintenance <input type="checkbox"/> 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		Confirmed: _____ 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)	<b>Service Satisfaction</b>	<b>OVER ALL RATING</b>
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	
		<input type="checkbox"/> 5. Extremely Satisfied	
Checked & verified	: PPO Head/Director (Name and Signature)	<b>Comments &amp; Suggestion</b>	
Notes:		MARIA TERESA A. CRUZ	
		Name & Signature	
		Head, IASO	
		Designation/Position	