

REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION

<u>Filled in by requesting party</u>		<u>Filled in by PPO</u>	
Date filed	: May 4, 2023	Date received	:
Building/Department	: CET, DMet computer room	Received by	
Location	: Engineering Complex		Name & Signature
Requesting party	: CHARLIE S. ANDAN	Designation/Position	:
	Name & Signature	Request Reference Number	:
Designation/Position	: Head, DMet		
Contact no./Email	:		

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

Electricals for the aircon unit of the computer room in the CET, DMet computer room.

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: _____ Schedule of repair: _____	
<input type="checkbox"/> Available		<input type="checkbox"/> Available			
<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	OVER ALL RATING
Date & Time Started :		<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	<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 Finished :			Comments & Suggestion
Checked & verified :	PPO Head/Director (Name and Signature)		
Notes:		Name & Signature	
		Designation/Position	