



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION			
<i>Filled in by requesting party</i>		<i>Filled in by GenSO</i>	
Date filed	: Aug. 12, 2025	Date received	:
Building/Department	: Dept. of Economics	Received by	: _____ Name & Signature
Location	: Upper Campus	Designation/Position	:
Requesting party	: LEMUEL S. PRECIADOS Name & Signature	Request Reference Number	:
Designation/Position	: Head, DoE		
Contact no./Email	: 1024		

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 checked="" 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		
Installation OF PROPER AIRCON WASTEWATER PIPING LINES in the Department in the Hallway area for accident is prone due to its slippery condition. Pails are temporary placed but a remarkable negative comment during site evaluations.		

INSPECTION (Filled in by GenSO 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: _____ GenSO Maintenance Personnel/Name & Sign Designation/Position		Confirmed: _____ Name and Signature Designation/Position

ACCOMPLISHMENT																		
<i>Filled in by GenSO Personnel</i>		<i>Filled in by Requesting Party</i>																
Conducted by	: GenSO Maintenance Personnel (Name and Signature)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #FFD700;"> <th>Service Satisfaction</th> <th>OVER ALL RATING</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1. Not Satisfied</td> <td><input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair</td> </tr> <tr> <td><input type="checkbox"/> 2. Slightly Satisfied</td> <td><input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good</td> </tr> <tr> <td><input type="checkbox"/> 3. Moderately Satisfied</td> <td><input type="checkbox"/> 5. Excellent</td> </tr> <tr> <td><input type="checkbox"/> 4. Very Satisfied</td> <td>Comments & Suggestion</td> </tr> <tr> <td><input type="checkbox"/> 5. Extremely Satisfied</td> <td></td> </tr> <tr> <td colspan="2">Name & Signature</td> </tr> <tr> <td colspan="2">Designation/Position</td> </tr> </tbody> </table>	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"/> 5. Excellent	<input type="checkbox"/> 4. Very Satisfied	Comments & Suggestion	<input type="checkbox"/> 5. Extremely Satisfied		Name & Signature		Designation/Position	
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Date & Time Started	:																	
Date & Time Finished	:																	
Checked & verified	: GenSO Head/Director (Name and Signature)																	
Notes:																		

GENERAL SERVICES OFFICE

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