



## PHYSICAL PLANT SERVICE REQUEST FORM

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|---|---------------------------|
| <b>Filled in by requesting party</b>                            |                           |
| Date filed  | : October 6, 2022         |
| Building/Facility/<br>House No/<br>Apartment No./<br>Department | : Dept. of Economics      |
| Location  | : Upper Campus            |
| Requesting party  | : MARIA HAZEL I. BELLEZAS |
| Designation/<br>Position  | : Head, DoEcon            |

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|----------------------------|--------------------|
| <b>Filled in by PPO</b>    |                    |
| Date received              | :                  |
| Received by                | : Name & Signature |
| Designation/<br>Position   | :                  |
| Document<br>control number | :                  |

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| <b>Please check and specify the nature of service request</b>   |   |
| <input type="checkbox"/> Audio System (amplifier, speakers and microphones)<br>With Lights? Yes. ___ No. ___<br>Setup Location: _____<br>Date & Time Needed: _____<br>Estimated Duration (hrs): _____ | <input type="checkbox"/> Tent installation/s<br>Setup Location: _____<br>No. of tent: _____<br>Tent size: _____                               |
| <input type="checkbox"/> Land preparation, plowing & harrowing<br>Location/Area covered: _____<br>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<br>Location: _____  | <input 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.)<br>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)<br>Location/Area covered: _____  |
|   | <input type="checkbox"/> Other/s (Specify) : <u>Electrical</u>  |

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| <b>Brief Description of Service Request</b>   |
| 1. Installation of wall fan. (4 units)<br>2. Check up of lights in the classrooms (ADE 136, Graduate Room & ADE 134 Room) |

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| Conducted by: _____<br>PPO Personnel<br>(Name & Signature)<br><br>PPO Unit _____<br><br>Checked & Verified by: _____<br>PPO Head/Director<br>(Name & Signature) | <b>Filled in by the requesting party after the conduct of service request</b> |  |
|   | <b>Service Satisfaction</b>   | <b>OVER-ALL RATING</b>   |
|   | <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                                    |
|   | <b>Comments &amp; Suggestion</b>  |  |
|   |   |  |
|   | <b>Name and Signature</b>   |  |