



REPAIR AND MAINTENANCE REQUEST

Filled in by requesting party		Filled in by PPO	
Date filed	: September 14, 2022	Date received	:
Building/Facility/ House No/ Apartment No./ Department	: Office of the Cashier, Admin. Building	Received by	:
Location	:	Name & Signature	:
Requesting party	: Queen-Ever Y. Atupan 19/14/22	Designation/ Position	:
Designation/ Position	: Head, Office of the Cashier	Maintenance control number	:

Note:

- Three (3) copies: (1) for requesting party, (1) for PPO unit Head & (1) for maintenance team
- One (1) job request in every of PPO unit
- Job request control number is required.

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): |

Brief Description of Repair and Maintenance

There is an unpleasant smell in the office. Maybe there is leakage in the plumbing upstairs.

Materials/Supplies/Parts:

☐ Available

☐ Not Available

Filled in by PPO personnel

Part/Supplies/Materials Required	Manpower Requirement	Estimated hours/days to finished

Inspected by:	Checked & Verified by:	Approved by:
PPO Maintenance	PPO Unit Head	PPO Director