



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION

Filled in by requesting party

Date filed : November 3, 2023

Building/Department : Advanced Research and Innovation Center

Location : 2nd floor Lecture Hall

Requesting party : **MA. THERESA P. LORETO**
Name & Signature

Designation/Position : Director, ARI Center

Contact no./Email : mtploreto@vsu.edu.ph

Filled in by PPO

Date received : _____

Received by : _____
Name & Signature

Designation/Position : _____

Request Reference Number : _____

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
(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

Air Conditioning Follow-up Check-up: No cooling produced detected after adding and installing freon

INSPECTION (Filled in by PPO Personnel)

Date of Inspection: _____ Time started: _____ [AM] [PM] Time ended: _____ [AM] [PM]

- ☐ In-House Repair and Maintenance ☐ 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: _____	Confirmed: _____
PPO Maintenance Personnel/Name & Sign	Name and Signature
Designation/Position	Designation/Position

ACCOMPLISHMENT

Filled in by PPO Personnel

Conducted by : _____
PPO Maintenance Personnel
(Name and Signature)

Date & Time Started : _____

Date & Time Finished : _____

Checked & verified : _____
PPO Head/Director
(Name and Signature)

Notes: _____

Filled in by Requesting Party

Service Satisfaction

- ☐ 1. Not Satisfied
- ☐ 2. Slightly Satisfied
- ☐ 3. Moderately Satisfied
- ☐ 4. Very Satisfied
- ☐ 5. Extremely Satisfied

OVER ALL RATING

- ☐ 1. Poor ☐ 2. Fair
- ☐ 3. Good ☐ 4. Very Good
- ☐ 5. Excellent

Comments & Suggestion

Name & Signature

Designation/Position