



**VISAYAS**  
STATE UNIVERSITY



**PHYSICAL PLANT OFFICE**

## REPAIR AND MAINTENANCE REQUEST

### REQUEST INFORMATION

<i>Filled in by requesting party</i>	
Date filed	October 17, 2023
Building/Department	Department of Agronomy
Location	Upper Campus
Requesting party	GRETCHEN MAE M. PRADO
	Name & Signature
Designation/Position	DA-Laboratory Technician
Contact no./Email	

<i>Filled in by PPO</i>	
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 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

1. To check the Wirings of oven at DA 201-laboratory room. (Urgent request since this is dangerous for the user).

### 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:
<input type="checkbox"/> Available	<input type="checkbox"/> Available	Schedule of repair:
<input type="checkbox"/> Not Available	<input type="checkbox"/> Not Available	

Conducted:	Confirmed:	Name and Signature
PPO Maintenance Personnel/Name & Sign		
	Designation/Position	Designation/Position

### ACCOMPLISHMENT

<i>Filled in by PPO Personnel</i>	<i>Filled in by Requesting Party</i>		
Conducted by	<b>Service Satisfaction</b>	<b>OVER ALL RATING</b>	
PPO Maintenance Personnel (Name and Signature)	<input type="checkbox"/> 1. Not Satisfied	<input type="checkbox"/> 1. Poor	<input type="checkbox"/> 2. Fair
Date & Time Started	<input type="checkbox"/> 2. Slightly Satisfied	<input type="checkbox"/> 3. Good	<input type="checkbox"/> 4. Very Good
Date & Time Finished	<input type="checkbox"/> 3. Moderately Satisfied	<input type="checkbox"/> 4. Very Satisfied	<input type="checkbox"/> 5. Excellent
	<input type="checkbox"/> 4. Very Satisfied	<b>Comments &amp; Suggestion</b>	
	<input type="checkbox"/> 5. Extremely Satisfied		
Checked & Verified	PPO Head/Director (Name and Signature)	Name & Signature	
Notes:		Designation/Position	