



**PHYSICAL PLANT SERVICE REQUEST FORM**

**REQUEST INFORMATION**

*Filled in by requesting party*

Date filed : March 6, 2023

Building/Department : Department of Pure and Applied Chemistry

Location : DoPAC

Requesting party : ELIZABETH S. QUEVEDO

Designation/Position : Name & Signature  
DoPAC, Head

Contact no./Email : elizabeth.quevedo@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 service request*

- |   |   |
|---|---|
| <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 checked="" 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) : _____  |

**Brief Description of Service Request**

Installation of door knob in DoPAC AC-105 Balance Room.

**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		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			
<input type="checkbox"/> 5. Extremely Satisfied			
		Comments & Suggestion	
Name & Signature			
Designation/Position			