



## PHYSICAL PLANT SERVICE REQUEST FORM

Filled in by requesting party	
Date filed	: August 18, 2022
Building/Facility/ House No/ Apartment No./ Department	: Department of Pure and Applied Chemistry
Location	: DoPAC <i>ELIZABETH S. QUEVEDO</i>
Requesting party	: ELIZABETH S. QUEVEDO
Designation/ Position	: DoPAC, Dept. Head

Filled in by PPO	
Date received	:
Received by	: Name & Signature
Designation/ Position	:
Document control number	:

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

### Brief Description of Service Request

Put cabinet door cam lock/ desk drawer lock in all cabinets of laboratory rooms in the department. (AC-105, AC-106, AC-108, AC-206 and AC-208).

Conducted by: \_\_\_\_\_  
 PPO Personnel  
 (Name & Signature)

PPO Unit: \_\_\_\_\_

Checked & Verified by: \_\_\_\_\_  
 PPO Head/Director  
 (Name & Signature)

Filled in by the requesting party after the conduct of service request	
Service Satisfaction	OVER-ALL RATING
<input type="checkbox"/> 1. Not Satisfied <input type="checkbox"/> 2. Slightly Satisfied <input type="checkbox"/> 3. Moderately Satisfied <input type="checkbox"/> 4. Very Satisfied <input type="checkbox"/> 5. Extremely Satisfied	<input type="checkbox"/> 1. - Poor <input type="checkbox"/> 2. - Fair <input type="checkbox"/> 3. - Good <input type="checkbox"/> 4. - Very Good <input type="checkbox"/> 5. - Excellent
	<b>Comments &amp; Suggestion</b>
Name and Signature	