



## PHYSICAL PLANT OFFICE

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## PHYSICAL PLANT SERVICE REQUEST FORM

Date & Time Finished	REQUES	T INFORMAT	TION				
Date received  Building/Department  ISRDS  Location  VSU, Visca, Baybay City Requesting party  LILIN B. NUNEZ Name & Signature Director  Name & Signature Director  Name & Signature Director  Director  Contact no./Email  Please check and specify the nature of service request  Audio System(amplifer, speakers and microphones) With Lights? Yes. No. Setup Location: Date & Time Needed: Estimated Duration (hrs): Estimated Duration (hrs): Estimated passing trip: Site development, levelling, scrapping & backfilling Location: Hauling (Construction materials, office equipment & etc.) From: Plans, Layouts and Estimates (Drafting, floor plans, material & cost estimate, site inspection and the likes)  Brief Description of Service Request  Installation of new window type air conditioning unit at the faculty office.  ACCOMPLISHMENT Filled in by PPO Peasonnel (Name and Signature)  Notes:  Date & Time Signature  Date & Time Started  PPO Head/Director (Name and Signature)  Notes:	Filled in by	requesting par	ty		Filled in by PPO		
Designation/Position   Contact no./Email	Date filed :		: April 18, 2024			:	
Designation/Position   Contact no /Email   Designation/Position   Director	Building/Department : ISRDS				Received by		
Requesting party  LILLAM B. NUNEZ Name & Signature Designation/Position Contact no /Femail  Please check and specify the nature of service request  Audio System(amplifier, speakers and microphones) With Lights? Yes. No. Setup Location: Date & Time Needed: Estimated Duration (hrs): Estimated Duration, plowing & harrowing Location/Area covered: Estimated passing trip: Site development, levelling, scrapping & backfilling Location: Hauling (Construction materials, office equipment & etc.) From: To: Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection and the likes)  Brief Description of Service Request  Installation of new window type air conditioning unit at the faculty office.  ACCOMPLISHMENT Filled in by PPO Personnel  Conducted by PPO Maintenance Personnel (Name and Signature)  Date & Time Sistarted Date & Time Finished  PPO Head/Director (Name and Signature)  Notes:  Request Reference Number  Tent installation/s Setup Location: No of tent: Tent size: Fabrication/s (rev cabinets, furniture, metal works and other fabrication/s (rev cabinets, furniture, metal works and other fabrication/s (rev cabinets, furniture, metal works and other fabrications not considered as repair and maintenance)  Installation of considered as repair and	Location					Name & Signature	
Requesting party  Designation/Position Contact no /Email  Please check and specify the nature of service request  Audio System(amplifer, speakers and microphones) With Lights? Yes. No. Setup Location: Date & Time Needed: Estimated Duration (hrs): Estimated passing trip: Site development, levelling, scrapping & backfilling Location: Location: Hauling (Construction materials, office equipment & etc.) From: To: Plans, Layouts and Estimates (Drafting, floor plans, material & cost estimate, site inspection and the likes)  Brief Description of Service Request  Installation of new window type air conditioning unit at the faculty office.    Setup Location: No. of tent: Tent size:   Fabrication/s (new cabinets, furniture, metal works and other fabrications not considered as repair and maintenance)   Installation is (tarpaulin, signage, new lock & knobs & other installation not considered as repair and maintenance)   Machining works (lathe, shaper, drill press & etc.)   Location:   Landscaping (Design and Installation)   Location/Area covered:   Colherts (Specify):   Plans, Layouts and Estimates (Drafting, floor plan's, material & cost estimate, site inspection and the likes)   Brief Description of Service Request   Installation of new window type air conditioning unit at the faculty office.    ACCOMPLISHMENT   Filled in by Requesting Party   Service Satisfaction   OVER ALL RATING     1. Poor   2. Fair   Slightly Satisfied   3. Good   4. Very Good   4. Very Satisfied   5. Excellent   Comments & Suggestion   Comments & Suggestion   Name & Signature   Name	. OO, Mod, Baybay Oil			City	Designation/Position	:	
Designation/Position : Director  Contact no /Email : Please check and specify the nature of service request  Audio System(amplifier, speakers and microphones)  With Lights? Yes. No. Setup Location: No. of tent: Tent issue: Estimated Duration (hrs): Fabrications in considered as repair and maintenance)  Land preparation, plowing & harrowing Location/Area covered: Estimated passing trip: Installation/s (latpaulin, signage, new lock & knobs & other installation not considered as repair and maintenance)  Site development, levelling, scrapping & Machining works (lathe, shaper, drill press & etc.)  Landscaping (Design and Installation)  Hauling (Construction materials, office equipment & etc.)  From: To: Other/s (Specify): Other/s (Specify): Installation of new window type air conditioning unit at the faculty office.  ACCOMPLISHMENT  Filled in by PPO Parsonnel  Conducted by: PPO Maintenance Personnel (Name and Signature)  Date & Time Started Date & Time Finished: PPO Head/Director (Name and Signature)  Notes:	Requesting party : LILIAN B. NUÑEZ					y 1	
Contact no /Email   Please check and specify the nature of service request	5			6			
Audio System (amplifier, speakers and microphones)	Contact n	o./Email	:				
Mint Lights? Yes. No.   Setup Location:   No. of tent:   Tent sizes:   No. of tent:   Tent sizes:   No. of tent:   No. of tent:   Tent sizes:   Tent sizes:   Tent sizes:   No. of tent:   Tent sizes:   Tent s	Please ch	eck and spec	ify the nature of service reque	st			
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Checked  &verified : PPO Head/Director  (Name and Signature)						Comments & Suggestion	
Notes:  (Name and Signature)  Name &Signature	Checked	,	PPO Head/Director		1		
	274				Name &Signature		
	NOTES:				Designation/Position		