



### REPAIR AND MAINTENANCE REQUEST

Filled in by requesting party		Filled in by PPO	
Date filed	: February 3, 2022	Date received	:
Building/Facility/ House No/ Apartment No./ Department	: ADVANCED RESEARCH AND INNOVATION CENTER	Received by	:
Location	: VSU UPPER CAMPUS	Designation/ Position	:
Requesting party	: JO JANE D. ATOK	Maintenance control number	:
Designation/ Position	: INSTRUCTOR	Name & Signature	

Note:

- Three (3) copies: (1) for requesting party, (1) for PPO unit Head & (1) for maintenance team
- One (1) job request in every of PPO unit
- Job request control number is required.

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<br>(lathe, shaper, drill press, etc.) | <input type="checkbox"/> Instrumentation<br>equipment<br>& Laboratory instrument | <input type="checkbox"/> Others (specify):                                      |

#### Brief Description of Repair and Maintenance

Installation of fluorescent lights.

Materials/Supplies/Parts:

☒ Available

☐ Not Available

Filled in by PPO personnel

Part/Supplies/Materials Required	Manpower Requirement	Estimated hours/days to finished

Inspected  
by:

PPO Maintenance

Checked  
& Verified  
by:

PPO Unit Head

Approved  
by:

PPO Director