



PHYSICAL PLANT SERVICE REQUEST FORM

Filled in by requesting party	
Date filed	: 10 Dec 2011
Building/Facility/ House No/ Apartment No./ Department	: Nursing
Location	: 2 nd fl ODS Building
Requesting party	: Joel Rey Acob
Designation/ Position	: Dean

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

To be accomplished in three (3) copies

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) Installation/s (tarpaulin, signage, new lock & knobs & other installation not considered as repair and maintenance)
<input type="checkbox"/> Site development, levelling, scrapping & backfilling Location: _____	<input type="checkbox"/> Machining works (lathe, shaper, drill press & etc.)
<input type="checkbox"/> Hauling (Construction materials, office equipment & etc.) From: _____ To: _____	<input checked="" type="checkbox"/> Others (specify): _____

Brief Description of Service Request

Request for installation and costing for aircon: electrical wirings

Service Conducted by	:	_____
		Name & Signature
PPO Unit	:	_____
Conformed by (Requesting Party)	:	_____
		Name & Signature
Checked by (PPO Unit Head)	:	_____
		Name & Signature

To be filled by the requesting party after service request conducted

Overall Service Satisfaction

1. Not Satisfied
2. Slightly Satisfied
3. Moderately Satisfied
4. Very Satisfied
5. Extremely Satisfied