



REPAIR AND MAINTENANCE REQUEST

Filled in by requesting party		Filled in by PPO	
Date filed	: Jan. 12, 2022	Date received	:
Building/Facility/ House No/ Apartment No./ Department	: DBS	Received by	:
Location	: Head's Office & Secretaries Room	Designation/ Position	: Name & Signature
Requesting party	: ANALYN M. MAZO	Maintenance control number	:
Designation/ Position	: Dept. Head		

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

Brief Description of Repair and Maintenance

Estimation of floor tiles

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