



REPAIR AND MAINTENANCE REQUEST

Filled in by requesting party	
Date filed	: November 8, 2022
Building/Facility/ House No/ Apartment No./ Department	: Dept. of Food Science and Technology
Location	: DFST, FOOD TESTING LAB
Requesting party	: <u>LYNETTE O. CIMA FRANCA</u> Name & Signature
Designation/ Position	: Department Head

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

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): _____

Materials/Supplies/Parts:

☐

Available

☒

Not Available

Brief Description of Repair and Maintenance
<ul style="list-style-type: none"> PPO personnel to investigate the damaged rooftop or any source of water dropping from the FTL's ceiling especially during heavy rains. Request an assessment of the materials required for the possible repair.

Filled in by PPO personnel		
Part/Supplies/Materials Required	Manpower Requirement	Estimated hours/days to finished

Conducted by: _____
PPO Personnel
(Name & Signature)

PPO Unit: _____

Checked & Verified by: _____
PPO Head
(Name & Signature)

Filled in by the requesting party after the conduct of repair and maintenance	
Service Satisfaction <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	OVER-ALL RATING <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 Comments & Suggestion <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Name and Signature <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	