



PHYSICAL PLANT SERVICE REQUEST FORM

Filled in by requesting party		Filled in by PPO	
Date filed	: Jan 03, 2022	Date received	:
Building/Facility/ House No/ Apartment No./ Department	: College of Nursing	Received by	: _____ Name & Signature
Location	: 450 Compound	Designation/ Position	:
Requesting party	: JOE REY ADEL [Signature]	Maintenance control number	:
Designation/ Position	: Dean		

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

Brief Description of Service Request

Costing of electrical work for new aircon installation

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 _____