



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	<i>Filled in by GenSO</i>
Date filed : <u>Sept. 29, 2025</u>	Date received : _____
Building/Department : <u>NSTP</u>	Received by : _____ Name & Signature
Location : <u>Lower Campus</u>	Designation/Position : _____
Requesting party : <u>Dario P. Lina</u> Name & Signature	Request Reference Number : _____
Designation/Position : <u>Director</u>	
Contact no./Email : _____	

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 (Lathe, shaper, drill press, etc.)	<input type="checkbox"/> Instrumentation equipment & Laboratory instrument	<input type="checkbox"/> Others (specify in the brief description below)
Brief Description of the Nature of Work Requested		
<u>Replacement of light bulbs from flourescent tube.</u>		

INSPECTION (Filled in by GenSO Personnel)		
Date of Inspection: _____ Time started: _____ [AM] [PM] Time ended: _____ [AM] [PM]		
<input type="checkbox"/> In-House Repair and Maintenance <input type="checkbox"/> For Outsourcing Repair and Maintenance		
Materials/Parts	Manpower Required: _____	Estimated hours/days of repair: _____
<input type="checkbox"/> Available	<input type="checkbox"/> Available	Schedule of repair: _____
<input type="checkbox"/> Not Available	<input type="checkbox"/> Not Available	
Conducted: _____ GenSO Maintenance Personnel/Name & Sign Designation/Position		Confirmed: _____ Name and Signature Designation/Position

ACCOMPLISHMENT															
<i>Filled in by GenSO Personnel</i>	<i>Filled in by Requesting Party</i>														
Conducted by : _____ GenSO Maintenance Personnel (Name and Signature)	<table border="1"><thead><tr><th>Service Satisfaction</th><th>OVER ALL RATING</th></tr></thead><tbody><tr><td><input type="checkbox"/> 1. Not Satisfied</td><td><input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair</td></tr><tr><td><input type="checkbox"/> 2. Slightly Satisfied</td><td><input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good</td></tr><tr><td><input type="checkbox"/> 3. Moderately Satisfied</td><td><input type="checkbox"/> 5. Excellent</td></tr><tr><td><input type="checkbox"/> 4. Very Satisfied</td><td></td></tr><tr><td><input type="checkbox"/> 5. Extremely Satisfied</td><td></td></tr><tr><td colspan="2">Comments & Suggestion</td></tr></tbody></table>	Service Satisfaction	OVER ALL RATING	<input type="checkbox"/> 1. Not Satisfied	<input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair	<input type="checkbox"/> 2. Slightly Satisfied	<input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good	<input type="checkbox"/> 3. Moderately Satisfied	<input type="checkbox"/> 5. Excellent	<input type="checkbox"/> 4. Very Satisfied		<input type="checkbox"/> 5. Extremely Satisfied		Comments & Suggestion	
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Comments & Suggestion															
Date & Time Started : _____															
Date & Time Finished : _____															
Checked & verified : _____ GenSO Head/Director (Name and Signature)															
Notes: _____	Name & Signature														
	Designation/Position														

GENERAL SERVICES OFFICE

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