



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	
Date filed	: August 20, 2024
Building/Department	: Department of Agronomy
Location	: Department of Agronomy
Requesting party	: LUZG ASIO
	: Name & Signature
Designation/Position	: Head, DA
Contact no./Email	:
<i>Filled in by PPO</i>	
Date received	:
Received by	: Name & Signature
Designation/Position	:
Request Reference Number	:

Please check and specify the nature of work requested:		
<input type="checkbox"/> Vehicle Repair	<input type="checkbox"/> Carpentry & Furniture Works	<input type="checkbox"/> Electrical Works
<input type="checkbox"/> Welding Works	<input type="checkbox"/> Plumbing Works	<input checked="" 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		
1. To clean and check the air conditioning unit.		

INSPECTION (Filled in by PPO 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: _____		Confirmed: _____
PPO Maintenance Personnel/Name & Sign		Name and Signature
Designation/Position		Designation/Position

ACCOMPLISHMENT	
<i>Filled in by PPO Personnel</i>	<i>Filled in by Requesting Party</i>
Conducted by: _____	Service Satisfaction
PPO Maintenance Personnel (Name and Signature)	<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
Date & Time Started: _____	OVER ALL RATING
Date & Time Finished: _____	<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
Checked & verified: _____	Comments & Suggestion
PPO Head/Director (Name and Signature)	
Notes: _____	Name & Signature
	Designation/Position