



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION

<i>Filled in by requesting party</i>		<i>Filled in by PPO</i>	
Date filed	: March 8, 2023	Date received	:
Building/Department	: DOE	Received by	: Name & Signature
Location	: Upper Campus	Designation/Position	:
Requesting party	: ERNESTO F. BULAYOG	Request Reference Number	:
	: Name & Signature		
Designation/Position	: Head, DOE		
Contact no./Email	: 1024 (VOIP)		

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 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 checked="" type="checkbox"/> Others (specify in the brief description below)

Brief Description of the Nature of Work Requested

Repair of leaking roof (Urgent!!!)

(2nd floor classrooms)

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: _____
<input type="checkbox"/> Available	<input type="checkbox"/> Available
<input type="checkbox"/> Not Available	<input type="checkbox"/> Not Available
Estimated hours/days of repair: _____	
Schedule of repair: _____	
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	: PPO Maintenance Personnel (Name and Signature)	Service Satisfaction	OVER ALL RATING
Date & Time Started	:	<input type="checkbox"/> 1. Not Satisfied	<input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair
Date & Time Finished	:	<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	
Checked & verified	: PPO Head/Director (Name and Signature)	Comments & Suggestion	
Notes:			
		Name & Signature	
		Designation/Position	