



### REPAIR AND MAINTENANCE REQUEST

Filled in by requesting party	
Date filed	: May 16, 2022
Building/Facility/ House No/ Apartment No./ Department	: ADE- BUILDING
Location	: LAM ROOM( front CME office)
Requesting party	: <u>JULIE BEE M. AGUINALDO</u> Name & Signature
Designation/ Position	: Instructor

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 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

To clean Airconditioning Unit.

#### 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	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	Comments & Suggestion	
<input type="checkbox"/> 5. Extremely Satisfied		
Name and Signature		