



PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	<i>Filled in by PPO</i>
Date filed : <u>3-6-23</u>	Date received : _____
Building/Department : <u>NSTP</u>	Received by : _____ Name & Signature
Location : <u>VSU - Lower Oval</u>	Designation/Position : _____
Requesting party : <u>Joy A. Bellen</u> Name & Signature	Request Reference Number : _____
Designation/Position : <u>Director, NSTP</u>	
Contact no./Email : _____	

Please check and specify the nature of service request

- | | |
|--|---|
| <input checked="" type="checkbox"/> Audio System (amplifier, speakers and microphones)
With Lights? Yes. ____ No. ____
Setup Location: <u>VSU Lower Oval</u>
Date & Time Needed: <u>March 11, 15, (7am-5pm)</u>
Estimated Duration (hrs): <u>2 hrs</u> | <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 type="checkbox"/> Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection and the likes) | <input type="checkbox"/> Landscaping (Design and Installation)
Location/Area covered: _____ |
| | <input type="checkbox"/> Other/s (Specify) : _____ |

Brief Description of Service Request

ACCOMPLISHMENT											
<i>Filled in by PPO Personnel</i>	<i>Filled in by Requesting Party</i>										
Conducted by : _____ PPO 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 <input type="checkbox"/> 2. Slightly Satisfied <input type="checkbox"/> 3. Moderately Satisfied <input type="checkbox"/> 4. Very Satisfied <input type="checkbox"/> 5. Extremely Satisfied </td> <td> <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 </td> </tr> <tr> <td colspan="2">Comments & Suggestion</td> </tr> <tr> <td colspan="2">Name & Signature</td> </tr> <tr> <td colspan="2">Designation/Position</td> </tr> </tbody> </table>	Service Satisfaction	OVER ALL RATING	<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	<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	Comments & Suggestion		Name & Signature		Designation/Position	
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Date & Time Finished : _____											
Checked & verified : _____ PPO Head/Director (Name and Signature)											
Notes:											