



## REPAIR AND MAINTENANCE REQUEST

### REQUEST INFORMATION

*Filled in by requesting party*

Date filed : March 20, 2023

Building/Department :

Location : Eco-FARMI building

Requesting party : **JEROME O. ARRIBADO**

Name & Signature

Designation/Position : Director

Contact no./Email :

*Filled in by PPO*

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 checked="" 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<br>(Lathe, shaper, drill press, etc.) | <input type="checkbox"/> Instrumentation equipment<br>& Laboratory instrument | <input type="checkbox"/> Others (specify in the brief description below)        |

### Brief Description of the Nature of Work Requested

Replacement of one (5) unserviceable door knob at the Eco-FARMI.

### INSPECTION (Filled in by PPO Personnel)

Date of Inspection: \_\_\_\_\_ Time started: \_\_\_\_\_ [AM] [PM] Time ended: \_\_\_\_\_ [AM] [PM]

☐ In-House Repair and Maintenance

☐ For Outsourcing Repair and Maintenance

Materials/Parts

Manpower Required: \_\_\_\_\_

Estimated hours/days  
of repair: \_\_\_\_\_

☐ Available

☐ Available

Schedule of repair: \_\_\_\_\_

☐ Not Available

☐ Not Available

Conducted:

PPO Maintenance Personnel/Name & Sign

Confirmed:

Name and Signature

Designation/Position

Designation/Position

### ACCOMPLISHMENT

*Filled in by PPO Personnel*

Conducted by : PPO Maintenance Personnel  
(Name and Signature)

Date & Time  
Started :

Date & Time  
Finished :

Checked & verified : PPO Head/Director  
(Name and Signature)

Notes:

*Filled in by Requesting Party*

#### Service Satisfaction

#### OVER ALL RATING

- ☐ 1. Not Satisfied  
☐ 2. Slightly Satisfied  
☐ 3. Moderately Satisfied  
☐ 4. Very Satisfied  
☐ 5. Extremely Satisfied

- ☐ 1. Poor ☐ 2. Fair  
☐ 3. Good ☐ 4. Very Good  
☐ 5. Excellent

#### Comments & Suggestion

Name & Signature

Designation/Position