



PHYSICAL PLANT SERVICE REQUEST FORM

Filled in by requesting party

Date filed : May 16, 2022

Building/Facility/
House No/
Apartment No./
Department : G/F Admin. Building

Location : OHRA

Requesting party : MARIA ROBERTA S. MIRAFLORES

Designation/
Position : Head, OHRA

Filled in by PPO

Date received : _____

Received by : _____
Name & Signature

Designation/
Position : _____

Document
control number : _____

Please check and specify the nature of service request

- | | |
|---|---|
| <input type="checkbox"/> Audio System (amplifier, speakers and microphones)
With Lights? Yes. ___ No. ___
Setup Location: _____
Date & Time Needed: _____
Estimated Duration (hrs): _____ | <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 checked="" type="checkbox"/> Other/s (Specify) : <u>Aircon check-up</u> |

Brief Description of Service Request

- Request for Technician to fix our aircon unit at the Records room which is running but not blowing cold air.

Conducted by: _____
PPO Personnel
(Name & Signature)

PPO Unit: _____

Checked & Verified by: _____
PPO Head/Director
(Name & Signature)

Filled in by the requesting party after the conduct of service request

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	