



REPAIR AND MAINTENANCE REQUEST

Filled in by requesting party	
Date filed	1/6/2022
Building/Facility/ House No/ Apartment No./ Department	Eco-FaRMI
Location	GISSU Office
Requesting party	Dr. Pastor P. Garcia
Designation/ Position	Associate Professor

Filled in by PPO	
Date received	
Received by	Name & Signature
Designation/ Position	
Maintenance control number	

Note:

- Three (3) copies: (1) for requesting party, (1) for PPO unit Head & (1) for maintenance team
- One (1) job request in every of PPO unit
- Job request control number is required.

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 checked="" 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): |

Brief Description of Repair and Maintenance

Service (Repair and Clean) of 4 Air conditioner and transfer of 2 Air conditioner.

Materials/Supplies/Parts:

☒ Available

☐ Not Available

Filled in by PPO personnel

Part/Supplies/Materials Required	Manpower Requirement	Estimated hours/days to finished

Inspected
by:

PPO Maintenance

Checked
& Verified
by:

PPO Unit Head

Approved
by:

PPO Director