



### PHYSICAL PLANT SERVICE REQUEST FORM

#### REQUEST INFORMATION

<i>Filled in by requesting party</i>		<i>Filled in by GenSO</i>	
Date filed	: <u>Sept. 29, 2028</u>	Date received	: _____
Building/Department	: <u>NGTP</u>	Received by	: _____ Name & Signature
Location	: <u>Lower Campus</u>	Designation/Position	: _____
Requesting party	: <u>Dario P. Lina</u> Name & Signature	Request Reference Number	: _____
Designation/Position	: <u>Director</u>		
Contact no./Email	: _____		

*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>Installation and removal of ceiling fan.</u>

#### Brief Description of Service Request

Installation of new ceiling fan and removal of not functional ceiling fan.

#### ACCOMPLISHMENT

<i>Filled in by GenSO Personnel</i>		<i>Filled in by Requesting Party</i>	
Conducted by	: GenSO Maintenance Personnel (Name and Signature)	<b>Service Satisfaction</b>	<b>OVER ALL RATING</b>
Date & Time Started	: _____	<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
Date & Time Finished	: _____		
Checked & verified	: GenSO Head/Director (Name and Signature)		
Notes:			
		Name & Signature	Comments & Suggestion
		Designation/Position	