



**REPAIR AND MAINTENANCE REQUEST**

**REQUEST INFORMATION**

*Filled in by requesting party*

Date filed : January 6, 2025

Building/Department : ISRDS

Location : ISRDS

Requesting party : LILIAN B. NUÑEZ  
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:*

☐ Vehicle Repair

☐ Carpentry & Furniture Works

☐ Electrical Works

☐ Welding Works

☒ Plumbing Works

☐ Heating, Ventilating, Air  
conditioning & Refrigeration

☐ Machining works  
(Lathe, shaper, drill press, etc.)

☐ Instrumentation equipment  
& Laboratory instrument

☐ Others (specify in the brief description  
below)

**Brief Description of the Nature of Work Requested**

To repair disconnected and damaged of the faucet. ASAP

**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**

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

**OVER ALL RATING**

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

**Comments & Suggestion**

Name & Signature

Designation/Position