



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	
Date filed	October 2, 2025
Building/Department	Eco-FARMI
Location	Eco-FARMI Building
Requesting party	ED ALLAN L. ALCOBER
	Name & Signature
Designation/Position	Head, FARMI
Contact no./Email	
<i>Filled in by GenSO</i>	
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 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 (Lathe, shaper, drill press, etc.)	<input type="checkbox"/> Instrumentation equipment & Laboratory instrument	<input checked="" type="checkbox"/> Others (specify in the brief description below)
Brief Description of the Nature of Work Requested		
Fixing, fill and repair a concrete column with Epoxy and Cement.		

INSPECTION (Filled in by GenSO Personnel)		
Date of Inspection: _____ Time started: _____ [AM] [PM] Time ended: _____ [AM] [PM]		
<input type="checkbox"/> In-House Repair and Maintenance <input type="checkbox"/> For Outsourcing Repair and Maintenance		
Materials/Parts	Manpower Required: _____	Estimated hours/days of repair: _____
<input type="checkbox"/> Available	<input type="checkbox"/> Available	Schedule of repair: _____
<input type="checkbox"/> Not Available	<input type="checkbox"/> Not Available	
Conducted: _____		Confirmed: _____
GenSO Maintenance Personnel/Name & Sign		Name and Signature
Designation/Position		Designation/Position

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

GENERAL SERVICES OFFICE

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