



REPAIR AND MAINTENANCE REQUEST

Filled in by requesting party	
Date filed	September 15 2022
Building/Facility/ House No/ Apartment No./ Department	DoPAC
Location	Upper Campus
Requesting party	ELIZABETH S. QUEVEDO
Designation/ Position	Head, DoPAC

Filled in by PPO	
Date received	
Received by	Name & Signature
Designation/ Position	
Maintenance control 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 checked="" 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 type="checkbox"/> Others (specify):

Materials/Supplies/Parts:

☐ Available

☐ Not Available

Brief Description of Repair and Maintenance

Check & repair of water connections (no water) at Room AC-108, 107, 106, 206 & 208

Filled in by PPO personnel		
Part/Supplies/Materials Required	Manpower Requirement	Estimated hours/days to finished

Conducted
by:

PPO Personnel
(Name & Signature)

PPO Unit

Checked &
Verified by:

PPO Head
(Name & Signature)

Filled in by the requesting party after the conduct of repair and maintenance

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		