



**PHYSICAL PLANT SERVICE REQUEST FORM**

REQUEST INFORMATION													
<p><i>Filled in by requesting party</i></p> <p>Date filed : September 12, 2025</p> <p>Building/Department : FARM I</p> <p>Location : VSU</p> <p>Requesting party : ED ALLAN L. ALCOBER</p> <p style="text-align: center;">Name &amp; Signature</p> <p>Designation/Position : DEPARTMENT HEAD</p> <p>Contact no./Email : 09483696506</p>	<p><i>Filled in by GenSO</i></p> <p>Date received : _____</p> <p>Received by : _____</p> <p style="text-align: center;">Name &amp; Signature</p> <p>Designation/Position : _____</p> <p>Request Reference Number : _____</p>												
Please check and specify the nature of service request													
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p><input type="checkbox"/> Audio System (amplifier, speakers and microphones)</p> <p>With Lights? Yes. ___ No. ___</p> <p>Setup Location: _____</p> <p>Date &amp; Time Needed: _____</p> <p>Estimated Duration (hrs): _____</p> <p><input type="checkbox"/> Land preparation, plowing &amp; harrowing</p> <p>Location/Area covered: _____</p> <p>Estimated passing trip: _____</p> <p><input type="checkbox"/> Site development, levelling, scrapping &amp; backfilling</p> <p>Location: _____</p> <p><input type="checkbox"/> Hauling (Construction materials, office equipment &amp; etc.)</p> <p>From: _____ To: _____</p> <p><input type="checkbox"/> Plans, Layouts and Estimates (Drafting, floor plan/s, material &amp; cost estimate, site inspection and the likes)</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> Tent installation/s</p> <p>Setup Location: _____</p> <p>No. of tent: _____</p> <p>Tent size: _____</p> <p><input type="checkbox"/> Fabrication/s (new cabinets, furniture, metal works and other fabrications not considered as repair and maintenance)</p> <p><input type="checkbox"/> Installation/s (tarpaulin, signage, new lock &amp; knobs &amp; other installation not considered as repair and maintenance)</p> <p><input checked="" type="checkbox"/> Machining works (lathe, shaper, drill press &amp; etc.)</p> <p><input type="checkbox"/> Landscaping (Design and Installation)</p> <p>Location/Area covered: _____</p> <p><input type="checkbox"/> Other/s (Specify) : _____</p> </div> </div>													
<b>Brief Description of Service Request</b>													
<p>Machine work to remove the puddling wheel of the landmaster (tractor)</p> <p>The tractor will be brought to the machine shop</p>													
ACCOMPLISHMENT													
<p><i>Filled in by GenSO Personnel</i></p> <p>Conducted by : GenSO Maintenance Personnel</p> <p style="text-align: center;">(Name and Signature)</p> <p>Date &amp; Time Started : _____</p> <p>Date &amp; Time Finished : _____</p> <p>Checked &amp; verified : GenSO Head/Director</p> <p style="text-align: center;">(Name and Signature)</p> <p>Notes: _____</p>	<p><i>Filled in by Requesting Party</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 50%;">Service Satisfaction</th> <th style="width: 50%;">OVER ALL RATING</th> </tr> </thead> <tbody> <tr> <td> <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 </td> <td> <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 </td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>Comments &amp; Suggestion</b></td> </tr> <tr> <td colspan="2" style="height: 40px;"> </td> </tr> <tr> <td colspan="2" style="text-align: center;">Name &amp; Signature</td> </tr> <tr> <td colspan="2" style="text-align: center;">Designation/Position</td> </tr> </tbody> </table>	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	<b>Comments &amp; Suggestion</b>				Name & Signature		Designation/Position	
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