



## REPAIR AND MAINTENANCE REQUEST

### REQUEST INFORMATION

*Filled in by requesting party*

Date filed : October 17, 2024

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 &amp; 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<br>(Lathe, shaper, drill press, etc.) | <input type="checkbox"/> Instrumentation equipment & Laboratory instrument | <input type="checkbox"/> Others (specify in the brief description below)        |

### Brief Description of the Nature of Work Requested

Repair and replacement of the broken tiles at the ISRDS classroom.

### 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 &amp; Time Started : \_\_\_\_\_

Date &amp; Time Finished : \_\_\_\_\_

 Checked & verified : \_\_\_\_\_  
PPO Head/Director  
(Name and Signature)

Notes:

*Filled in by Requesting Party*

#### Service Satisfaction

#### OVER ALL RATING

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

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

#### Comments & Suggestion

Name &amp; Signature

Designation/Position