



## PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	<i>Filled in by PPO</i>
Date filed : February 4, 2025	Date received : _____
Building/Department : ISRDS	Received by : _____ Name & Signature
Location : VSU, Visca, Baybay City	Designation/Position : _____
Requesting party : LILIAN B. NUÑEZ <i>lilian</i>	Request Reference : _____
Designation/Position : Director	Number : _____
Contact no./Email : _____	
<i>Please check and specify the nature of service request</i>	
<input type="checkbox"/> Audio System( <i>amplifier, speakers and microphones</i> ) With Lights? Yes. ____ No. ____ Setup Location: _____ Date & Time Needed: _____ Estimated Duration (hrs): _____	<input type="checkbox"/> Tent installation/s Setup Location: _____ No. of tent: _____ Tent size: _____
<input type="checkbox"/> Land preparation, plowing & harrowing Location/Area covered: _____ Estimated passing trip: _____	<input type="checkbox"/> Fabrication/s ( <i>new cabinets, furniture, metal works and other fabrications not considered as repair and maintenance</i> )
<input type="checkbox"/> Site development, levelling, scrapping & backfilling Location: _____	<input checked="" type="checkbox"/> Installation/s ( <i>tarpaulin, signage, new lock &amp; knobs &amp; other installation not considered as repair and maintenance</i> )
<input type="checkbox"/> Hauling ( <i>Construction materials, office equipment &amp; etc.</i> ) From: _____ To: _____	<input type="checkbox"/> Machining works ( <i>lathe, shaper, drill press &amp; etc.</i> )
<input type="checkbox"/> Plans, Layouts and Estimates ( <i>Drafting, floor plan/s, material &amp; cost estimate, site inspection and the likes</i> )	<input type="checkbox"/> Landscaping ( <i>Design and Installation</i> ) Location/Area covered: _____
	<input type="checkbox"/> Other/s ( <i>Specify</i> ) : _____
<b>Brief Description of Service Request</b>	
Installation of an electrical light at the side of the ISRDS building .	

ACCOMPLISHMENT													
<i>Filled in by PPO Personnel</i>	<i>Filled in by Requesting Party</i>												
Conducted by : PPO Maintenance Personnel (Name and Signature)	<table border="1"><thead><tr><th>Service Satisfaction</th><th>OVER ALL RATING</th></tr></thead><tbody><tr><td><input type="checkbox"/> 1. Not Satisfied</td><td><input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair</td></tr><tr><td><input type="checkbox"/> 2. Slightly Satisfied</td><td><input type="checkbox"/> 4. Very Good</td></tr><tr><td><input type="checkbox"/> 3. Moderately Satisfied</td><td><input type="checkbox"/> 3. Good</td></tr><tr><td><input type="checkbox"/> 4. Very Satisfied</td><td><input type="checkbox"/> 5. Excellent</td></tr><tr><td><input type="checkbox"/> 5. Extremely Satisfied</td><td></td></tr></tbody></table>	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"/> 4. Very Good	<input type="checkbox"/> 3. Moderately Satisfied	<input type="checkbox"/> 3. Good	<input type="checkbox"/> 4. Very Satisfied	<input type="checkbox"/> 5. Excellent	<input type="checkbox"/> 5. Extremely Satisfied	
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Date & Time Started : _____	<b>Comments &amp; Suggestion</b>												
Date & Time Finished : _____													
Checked & verified : PPO Head/Director (Name and Signature)													
Notes:	Name & Signature												
	Designation/Position												