

REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION

<u>Filled in by requesting party</u>		<u>Filled in by PPO</u>	
Date filed	: May 15, 2023	Date received	:
Building/Department	: CET, DMet computer room	Received by	
Location	: Engineering Complex		Name & Signature
Requesting party	: CHARLIE S. ANDAN	Designation/Position	:
	Name & Signature	Request Reference Number	:
Designation/Position	: Head, DMet		
Contact no./Email	:		

Please check and specify the nature of work requested:

<input type="checkbox"/> Vehicle Repair	<input type="checkbox"/> Carpentry & Furniture Works	<input checked="" 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 type="checkbox"/> Others (specify in the brief description below)

Brief Description of the Nature of Work Requested

The air conditioning unit needs check-up and repair because it is not cooling the room.

INSPECTION (Filled in by PPO 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: _____ Schedule of repair: _____	
<input type="checkbox"/> Available		<input type="checkbox"/> Available			
<input type="checkbox"/> Not Available		<input type="checkbox"/> Not Available			
Conducted: _____ PPO Maintenance Personnel/Name & Sign _____ Designation/Position			Confirmed: _____ Name and Signature _____ Designation/Position		

ACCOMPLISHMENT

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