



PHYSICAL PLANT SERVICE REQUEST FORM

Filled in by requesting party		Filled in by PPO	
Date filed	: Feb. 15, 2023	Date received	:
Building/Facility/ House No/ Apartment No./ Department	: Dept. of Economics	Received by	: Name & Signature
Location	: Upper Campus	Designation/ Position	:
Requesting party	: <u>ERNESTO F. BULAYOG</u>	Document control number	:
Designation/ Position	: Head, DoEcon		

Please check and specify the nature of service request

<input type="checkbox"/> Audio System (amplifier, speakers and microphones) 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 (new cabinets, furniture, metal works and other fabrications not considered as repair and maintenance)
<input type="checkbox"/> Site development, levelling, scrapping & backfilling Location: _____	<input type="checkbox"/> Installation/s (tarpaulin, signage, new lock & knobs & other installation not considered as repair and maintenance)
<input type="checkbox"/> Hauling (Construction materials, office equipment & etc.) From: _____ To: _____	<input type="checkbox"/> Machining works (lathe, shaper, drill press & etc.)
<input type="checkbox"/> Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection and the likes)	<input type="checkbox"/> Landscaping (Design and Installation) Location/Area covered: _____
	<input type="checkbox"/> Other/s (Specify) : <u>Aircon cleaning</u>

Brief Description of Service Request

1. Check up and repair of lights in the following rooms: Graduate Room, ADE 136, ADE 135, ADE 134 and stock rooms.
2. Check up and repair ceiling fan and split type aircon at ADE 134 Room.

Conducted by: _____
 PPO Personnel
 (Name & Signature)

PPO Unit _____

Checked & Verified by: _____
 PPO Head/Director
 (Name & Signature)

Filled in by the requesting party after the conduct of service request

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		