



**REPAIR AND MAINTENANCE REQUEST**

Filled in by requesting party		Filled in by PPO	
Date filed	: Feb. 21, 2022	Date received	:
Building/Facility/ House No/ Apartment No./ Department	: DBS	Received by	:
Location	: AACUP Room	Designation/ Position	: Name & Signature
Requesting party	: ANALYN M. MAZO	Maintenance control number	:
Designation/ Position	: Rept. Head		

**Note:**

- Three (3) copies: (1) for requesting party, (1) for PPO unit Head & (1) for maintenance team
- One (1) job request in every of PPO unit
- Job request control number is required.

**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<br>equipment<br>& Laboratory instrument | <input checked="" type="checkbox"/> Others (specify):<br>Installation           |

**Brief Description of Repair and Maintenance**

Installation of Air-Conditioner

Materials/Supplies/Parts:

☐ Available

☐ Not Available

**Filled in by PPO personnel**

Part/Supplies/Materials Required	Manpower Requirement	Estimated hours/days to finished

Inspected  
by:

PPO Maintenance

Checked  
& Verified  
by:

PPO Unit Head

Approved  
by:

PPO Director