



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION

Filled in by requesting party

Date filed : March 20, 2023

Building/Department : Cash Office

Location : Admin. Building

Requesting party : Queen-Ever Y. Atupan
Name & Signature

Designation/Position : Head, Cash Office

Contact no./Email :

Filled in by PPO

Date received :

Received by

Name & Signature

Designation/Position :

Request Reference
Number

Please check and specify the nature of work requested:

☐ Vehicle Repair

☒ Carpentry & Furniture Works

☐ Electrical Works

☐ Welding Works

☐ Plumbing Works

☐ Heating, Ventilating, Air
conditioning & Refrigeration

☐ Machining works
(Lathe, shaper, drill press, etc.)

☐ Instrumentation equipment
& Laboratory instrument

☐ Others (specify in the brief description
below)

Brief Description of the Nature of Work Requested

Removal of cubicle doors.

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 & Time
Started :

Date & Time
Finished :

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

Notes:

Filled in by Requesting Party

Service Satisfaction

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

OVER ALL RATING

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

Comments & Suggestion

Name & Signature

Designation/Position