



OFFICE OF THE DIRECTOR FOR PHYSICAL PLANT

Visca, Baybay City, Leyte, PHILIPPINES Telefax: 1041(LOCAL) Email: www.ppo.@vsu.edu.ph Website: www.vsu.edu.ph

REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION				
Filled in by requesting party		Filled in by PPO		
Date filed	March 3,2023	Date received	:	
Building/Department	Department of Pure and Applied Chemistry	Received by	86.42	
	Applied Orientistry		Name & Signature	
Location	: DoPAC	Designation/Position	1	
Requesting party	NOREXE JEAN M. AGAD Name & Signature	Request Reference Number	:	
Designation/Position	: CHEMICAL TECHNICIAN			
Contact no./Email	: noreve.agad@vsu.edu.ph	- ·		
Please check and specify the nature of work requested:				
☐ Vehicle Repair	☐ Carpentry &	Furniture Works		
☐ Welding Works	☐ Plumbing W	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				
. Check the condition of the freeze dyer in DoPAC AC-207 and cleaning of its motor.				
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:	of repair:	of repair.	
☐ Available	D Available	Schedule of	of repair:	
☐ Not Available	□ Not Available			
Conducted: Confirmed: PPO Maintenance Personnel/Name & Sign Name and Signature				
Designation/Position Designation/Position			Designation/Position	
ACCOMPLICUMENT				
ACCOMPLISHMENT Filled in by PPO Personnel		Filled in by Requesting Party		
Conducted : P	PO Maintenance Personnel	Service Satisfaction	OVER ALL RATING	
Date & Time	(Name and Signature)	☐ 1. Not Satisfied ☐ 2. Slightly Satisfied	☐ 1. Poor ☐ 2. Fair ☐ 4. Very	
Started		☐ 3. Moderately Satisfied	☐ 3. Good ☐ 4. Very	
Date & Time : Finished		☐ 4. Very Satisfied ☐ 5. Extremely Satisfied	☐ 5. Excellent	
			Comments & Suggestion	
Checked	DDO Hand/Direct			
&verified :	PPO Head/Director (Name and Signature)	Name &Signature		
Notes:	(Sand Signature)	raino doignature		
		Designation/Position		

Vision: Mission: