



PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATION

<i>Filled in by requesting party</i>		<i>Filled in by PPO</i>	
Date filed	: Aug. 15, 2023	Date received	:
Building/Department	: NSTP	Received by	: _____ Name & Signature
Location	: VSU - Gym	Designation/Position	:
Requesting party	: Jay A. Bellen Name & Signature	Request Reference Number	:
Designation/Position	: NSTP Director		
Contact no./Email	:		

Please check and specify the nature of service request

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Audio System (amplifier, speakers and microphones)
With Lights? Yes. _____ No. _____
Setup Location: VSU - Gym
Date & Time Needed: Aug. 19 + 26
Estimated Duration (hrs): 5 hrs
<input type="checkbox"/> Land preparation, plowing & harrowing
Location/Area covered: _____
Estimated passing trip: _____
<input type="checkbox"/> Site development, levelling, scrapping & backfilling
Location: _____
<input type="checkbox"/> Hauling (Construction materials, office equipment & etc.)
From: _____ To: _____
<input type="checkbox"/> Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection and the likes) | <input type="checkbox"/> Tent installation/s
Setup Location: _____
No. of tent: _____
Tent size: _____
<input type="checkbox"/> Fabrication/s (new cabinets, furniture, metal works and other fabrications not considered as repair and maintenance)
<input type="checkbox"/> Installation/s (tarpaulin, signage, new lock & knobs & other installation not considered as repair and maintenance)
<input type="checkbox"/> Machining works (lathe, shaper, drill press & etc.)
<input type="checkbox"/> Landscaping (Design and Installation)
Location/Area covered: _____
<input type="checkbox"/> Other/s (Specify) : _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Brief Description of Service Request

NSTP Orientation and Registration Program

ACCOMPLISHMENT

<i>Filled in by PPO Personnel</i>		<i>Filled in by Requesting Party</i>	
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"/> 1. Poor <input type="checkbox"/> 2. Fair
Date & Time Finished	:	<input type="checkbox"/> 2. Slightly Satisfied	<input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good
Checked & verified	: PPO Head/Director (Name and Signature)	<input type="checkbox"/> 3. Moderately Satisfied	<input type="checkbox"/> 5. Excellent
Notes:		<input type="checkbox"/> 4. Very Satisfied	Comments & Suggestion
		<input type="checkbox"/> 5. Extremely Satisfied	
		Name & Signature	
		Designation/Position	