



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION															
<i>Filled in by requesting party</i> Date filed : <u>October 16, 2023</u> Building/Department : _____ Location : <u>Eco-FARMI</u> Requesting party : DHENBER C. LUSANTA Designation/Position : <u>Name & Signature</u> Contact no./Email : <u>OIC</u>		<i>Filled in by PPO</i> Date received : _____ Received by : _____ <div style="text-align: right;">Name & Signature</div> Designation/Position : _____ Request Reference Number : _____													
Please check and specify the nature of work requested:															
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input checked="" type="checkbox"/> Vehicle Repair</div> <div style="width: 33%;"><input type="checkbox"/> Carpentry & Furniture Works</div> <div style="width: 33%;"><input type="checkbox"/> Electrical Works</div> <div style="width: 33%;"><input type="checkbox"/> Welding Works</div> <div style="width: 33%;"><input type="checkbox"/> Plumbing Works</div> <div style="width: 33%;"><input type="checkbox"/> Heating, Ventilating, Air conditioning & Refrigeration</div> <div style="width: 33%;"><input type="checkbox"/> Machining works (Lathe, shaper, drill press, etc.)</div> <div style="width: 33%;"><input type="checkbox"/> Instrumentation equipment & Laboratory instrument</div> <div style="width: 33%;"><input type="checkbox"/> Others (specify in the brief description below)</div> </div>															
Brief Description of the Nature of Work Requested															
<ul style="list-style-type: none"> <u>Repair of Ford Vehicle Brake</u> 															
INSPECTION (Filled in by PPO Personnel)															
Date of Inspection: _____ Time started: _____ [AM] [PM] Time ended: _____ [AM] [PM]															
<input type="checkbox"/> In-House Repair and Maintenance <input type="checkbox"/> For Outsourcing Repair and Maintenance															
Materials/Parts	Manpower Required: _____	Estimated hours/days of repair: _____													
<input type="checkbox"/> Available	<input type="checkbox"/> Available	Schedule of repair: _____													
<input type="checkbox"/> Not Available	<input type="checkbox"/> Not Available														
Conducted: _____ <div style="text-align: right;">PPO Maintenance Personnel/Name & Sign</div>		Confirmed: _____ <div style="text-align: right;">Name and Signature</div>													
<div style="text-align: right;">Designation/Position</div>		<div style="text-align: right;">Designation/Position</div>													
ACCOMPLISHMENT															
<i>Filled in by PPO Personnel</i> Conducted by : _____ <div style="text-align: right;">PPO Maintenance Personnel</div> <div style="text-align: right;">(Name and Signature)</div> Date & Time Started : _____ Date & Time Finished : _____ Checked & verified : _____ <div style="text-align: right;">PPO Head/Director</div> <div style="text-align: right;">(Name and Signature)</div> Notes: _____		<i>Filled in by Requesting Party</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #FFD700;"> <th style="width: 50%;">Service Satisfaction</th> <th style="width: 50%;">OVER ALL RATING</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> 1. Not Satisfied <input type="checkbox"/> 2. Slightly Satisfied <input type="checkbox"/> 3. Moderately Satisfied <input type="checkbox"/> 4. Very Satisfied <input type="checkbox"/> 5. Extremely Satisfied </td> <td> <input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair <input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good <input type="checkbox"/> 5. Excellent </td> </tr> <tr> <td colspan="2" style="text-align: center;">Comments & Suggestion</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> <tr> <td colspan="2"> <div style="text-align: right;">Name & Signature</div> </td> </tr> <tr> <td colspan="2"> <div style="text-align: right;">Designation/Position</div> </td> </tr> </tbody> </table>		Service Satisfaction	OVER ALL RATING	<input type="checkbox"/> 1. Not Satisfied <input type="checkbox"/> 2. Slightly Satisfied <input type="checkbox"/> 3. Moderately Satisfied <input type="checkbox"/> 4. Very Satisfied <input type="checkbox"/> 5. Extremely Satisfied	<input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair <input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good <input type="checkbox"/> 5. Excellent	Comments & Suggestion				<div style="text-align: right;">Name & Signature</div>		<div style="text-align: right;">Designation/Position</div>	
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