



PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	
Date filed	: 1-17-25
Building/Department	: NSTP
Location	: Lower Campus
Requesting party	: Darig P. Lina
Designation/Position	: NSTP Director
Contact no./Email	:
<i>Filled in by PPO</i>	
Date received	:
Received by	: Name & Signature
Designation/Position	:
Request Reference Number	:

Please check and specify the nature of service request

- | | |
|---|---|
| <input checked="" type="checkbox"/> Audio System (amplifier, speakers and microphones)
With Lights? Yes. <u>No</u>
Setup Location: <u>VSV Gym</u>
Date & Time Needed: <u>Jan. 25, Feb. 1, 8, 15, 22 (7-11)</u>
Estimated Duration (hrs): <u>4 hrs</u> | <input type="checkbox"/> Tent installation/s
Setup Location: _____
No. of tent: _____
Tent size: _____ |
| <input type="checkbox"/> Land preparation, plowing & harrowing
Location/Area covered: _____
Estimated passing trip: _____ | <input type="checkbox"/> Fabrication/s (new cabinets, furniture, metal works and other fabrications not considered as repair and maintenance) |
| <input type="checkbox"/> Site development, levelling, scrapping & backfilling
Location: _____ | <input type="checkbox"/> Installation/s (tarpaulin, signage, new lock & knobs & other installation not considered as repair and maintenance) |
| <input type="checkbox"/> Hauling (Construction materials, office equipment & etc.)
From: _____ To: _____ | <input type="checkbox"/> Machining works (lathe, shaper, drill press & etc.) |
| <input type="checkbox"/> Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection and the likes) | <input type="checkbox"/> Landscaping (Design and Installation)
Location/Area covered: _____ |
| | <input type="checkbox"/> Other/s (Specify) : _____ |

Brief Description of Service Request

Sound system needed for NSTP Class / Training.

ACCOMPLISHMENT	
<i>Filled in by PPO Personnel</i>	
Conducted by	: PPO Maintenance Personnel (Name and Signature)
Date & Time Started	:
Date & Time Finished	:
Checked & verified	: PPO Head/Director (Name and Signature)
Notes:	
<i>Filled in by Requesting Party</i>	
Service Satisfaction <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	OVER ALL RATING <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	
Name & Signature	
Designation/Position	