



## PHYSICAL PLANT SERVICE REQUEST FORM

Filled in by requesting party		Filled in by PPO	
Date filed	: March 3, 2022	Date received	:
Building/Facility/ House No/ Apartment No./ Department	: Inst. Of Human Kinetics	Received by	: _____ Name & Signature
Location	:	Designation/ Position	:
Requesting party	: <u>EDILBERTO A. ARTIGA JR. II</u> University Sports Facilities Coordinator	Maintenance control number	:
Designation/ Position	:		

To be accomplished in three (3) copies

Please check and specify the nature of service request

<input type="checkbox"/> Audio System (amplifier, speakers and microphones) With Lights? Yes. ___ No. ___ Setup Location: _____ Date & Time Needed: _____ Estimated Duration (hrs): _____	<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 checked="" type="checkbox"/> Others (specify): <u>Cleaning, Repainting and Cutting of Grass in the surrounding areas of the Lower and Upper Courts and Oval Grounds</u>

### Brief Description of Service Request

Cleaning, Repainting and Cutting of Grass in the surrounding areas of the Lower and Upper Courts since the Face to Face classes is coming and the courts will be opened for users following the Minimum health standards of the ITTF and the users should also be fully Vaccinated.

Service Conducted by	:	_____	Name & Signature
PPO Unit	:	_____	
Conformed by (Requesting Party)	:	_____	Name & Signature
Checked by (PPO Unit Head)	:	_____	Name & Signature

To be filled by the requesting party after service request conducted

### Overall Service Satisfaction

1. Not Satisfied \_\_\_\_\_
2. Slightly Satisfied \_\_\_\_\_
3. Moderately Satisfied \_\_\_\_\_
4. Very Satisfied \_\_\_\_\_
5. Extremely Satisfied \_\_\_\_\_