



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION

| | | | |
|--------------------------------------|-------------------------------------|--------------------------|-----------------------------|
| <i>Filled in by requesting party</i> | | <i>Filled in by PPO</i> | |
| Date filed | : 27 May 2024 | Date received | : |
| Building/Department | : ISRDS | Received by | : _____ Name & Signature |
| Location | : ISRDS comfort rooms | Designation/Position | : |
| Requesting party | : GINA A. DELIMA <i>[Signature]</i> | Request Reference Number | : |
| Designation/Position | : Asst. Prof.III | | |
| Contact no./Email | : | | |

Please check and specify the nature of work requested:

- | | | |
|--|--|---|
| <input type="checkbox"/> Vehicle Repair | <input type="checkbox"/> Carpentry & Furniture Works | <input type="checkbox"/> Electrical Works |
| <input type="checkbox"/> Welding Works | <input checked="" type="checkbox"/> Plumbing Works | <input type="checkbox"/> Heating, Ventilating, Air conditioning & Refrigeration |
| <input type="checkbox"/> Machining works (Lathe, shaper, drill press, etc.) | <input type="checkbox"/> Instrumentation equipment & Laboratory instrument | <input type="checkbox"/> Others (specify in the brief description below) |

Brief Description of the Nature of Work Requested

Check and repair water line and leaking of the toilet bowl tank of the ISRDS common CR & the male and female faculty CR. (The water flow is very slow and one CR does not have water supply at all)

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: _____ | | | Confirmed: _____ | | |
| PPO Maintenance Personnel/Name & Sign | | | Name and Signature | | |
| Designation/Position | | | Designation/Position | | |

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 |
| | | <input type="checkbox"/> 3. Moderately Satisfied | <input type="checkbox"/> 5. Excellent |
| | | <input type="checkbox"/> 4. Very Satisfied | |
| | | <input type="checkbox"/> 5. Extremely Satisfied | |
| Checked & verified | : PPO Head/Director (Name and Signature) | Comments & Suggestion | |
| Notes: | | | |
| | | Name & Signature | |
| | | Designation/Position | |