



REPAIR AND MAINTENANCE REQUEST

Filled in by requesting party	
Date filed	JANUARY 10, 2022
Building/Facility/ House No/ Apartment No./ Department	DEPT. OF SOIL SCIENCE
Location	DSS 207
Requesting party	VICTOR B. ASIO C/O SHEILA MAE SAWER
Designation/ Position	PROFESSOR VI

Filled in by PPO	
Date received	
Received by	Name & Signature
Designation/ Position	
Maintenance control number	

Note:

- Three (3) copies: (1) for requesting party, (1) for PPO unit Head & (1) for maintenance team
- One (1) job request in every of PPO unit
- Job request control number is required.

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):

Brief Description of Repair and Maintenance
WATER SUPPLY CONNECTED TO EQUIPMENT IS NOT SUFFICIENT

Materials/Supplies/Parts:

☐ Available

☐ Not Available

Filled in by PPO personnel		
Part/Supplies/Materials Required	Manpower Requirement	Estimated hours/days to finished

Inspected
by:

PPO Maintenance

Checked
& Verified
by:

PPO Unit Head

Approved
by:

PPO Director