



### REPAIR AND MAINTENANCE REQUEST

| Filled in by requesting party                                   |  |
|---|--|
| Date filed  | February 17, 2023  |
| Building/Facility/<br>House No/<br>Apartment No./<br>Department | Advanced Research and<br>Innovation Center                   |
| Location  | Visayas State University                                     |
| Requesting party  | MA. THERESA P. LORETO<br><i>mtalredo</i><br>Name & Signature |
| Designation/<br>Position  | Director, ARIC   |

| Filled in by PPO              |                  |
|-------------------------------|------------------|
| Date received                 |                  |
| Received by                   | Name & Signature |
| Designation/<br>Position      |                  |
| Maintenance<br>control number |                  |

| 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 type="checkbox"/> Plumbing Works  | <input type="checkbox"/> Heating, Ventilating, Air<br>conditioning & Refrigeration |
| <input type="checkbox"/> Machining works<br>(lathe, shaper, drill press, etc.) | <input checked="" type="checkbox"/> Instrumentation equipment<br>& Laboratory instrument | <input type="checkbox"/> Others (specify):   |

Materials/Supplies/Parts: ☐ Available ☐ Not Available

| Brief Description of Repair and Maintenance   |
|---|
| To check and repair laboratory mill in Organic Agriculture/Chemistry Laboratory (AR Center) |

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

Conducted by: \_\_\_\_\_  
PPO Personnel  
(Name & Signature)

PPO Unit \_\_\_\_\_

Checked & Verified by: \_\_\_\_\_  
PPO Head  
(Name & Signature)

| Filled in by the requesting party after the conduct of repair and maintenance   |  |
|---|--|
| <b>Service Satisfaction</b><br><input type="checkbox"/> 1. Not Satisfied<br><input type="checkbox"/> 2. Slightly Satisfied<br><input type="checkbox"/> 3. Moderately Satisfied<br><input type="checkbox"/> 4. Very Satisfied<br><input type="checkbox"/> 5. Extremely Satisfied | <b>OVER-ALL RATING</b><br><input type="checkbox"/> 1. - Poor <input type="checkbox"/> 2. - Fair<br><input type="checkbox"/> 3. - Good <input type="checkbox"/> 4. - Very Good<br><input type="checkbox"/> 5. - Excellent<br><b>Comments &amp; Suggestion</b><br><br> |
| <b>Name and Signature</b>   |  |