



## REPAIR AND MAINTENANCE REQUEST

| Filled in by requesting party                                   |                               |
|---|-------------------------------|
| Date filed  | : 2/16/2022                   |
| Building/Facility/<br>House No/<br>Apartment No./<br>Department | : RCCRDC Office               |
| Location  | : Back of admin bldg..        |
| Requesting party  | : <u>EDUARDO O. MANGAOANG</u> |
| Designation/<br>Position  | : Director, RCCRDC            |

| Filled in by PPO              |                    |
|-------------------------------|--------------------|
| Date received                 | :                  |
| Received by                   | :                  |
| Designation/<br>Position      | : Name & Signature |
| Maintenance<br>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 type="checkbox"/> Plumbing Works  | <input type="checkbox"/> Heating, Ventilating, Air conditioning & Refrigeration |
| <input type="checkbox"/> Machining works<br>(lathe, shaper, drill press, etc.) | <input type="checkbox"/> Instrumentation<br>equipment<br>& Laboratory instrument | <input type="checkbox"/> Others (specify):                                      |

### Brief Description of Repair and Maintenance

Repair / Re -installation of damage/protruding 60x60 tiles at 2<sup>nd</sup> floor training hall RCCRDC bldg..

Materials/Supplies/Parts:

☐ Available

☐ Not Available

**Filled in by PPO personnel**

| Part/Supplies/Materials<br>Required | Manpower Requirement | Estimated hours/days to<br>finished |
|-------------------------------------|----------------------|-------------------------------------|
|                                     |                      |                                     |
|                                     |                      |                                     |
|                                     |                      |                                     |
|                                     |                      |                                     |

Inspected  
by:

PPO Maintenance

Checked  
& Verified  
by:

PPO Unit Head

Approved  
by:

PPO Director