



REPAIR AND MAINTENANCE REQUEST

| Filled in by requesting party | |
|---|---|
| Date filed | : October 6, 2022 |
| Building/Facility/ House No/ Apartment No./ Department | : Eco-FARMI |
| Location | : VSU, Visca, Baybay Leyte |
| Requesting party | : <u>DHENBER C. LUSANTA</u> Name & Signature |
| Designation/ Position | : _____ |

| Filled in by PPO | |
|-------------------------------|-----------------------------|
| Date received | : _____ |
| Received by | : _____ Name & Signature |
| Designation/ Position | : _____ |
| Maintenance 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 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): _____ |

Materials/Supplies/Parts: Available Not Available

| Brief Description of Repair and Maintenance |
|---|
| Installation of kitchen sink. |

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

| Filled in by the requesting party after the conduct of repair and maintenance | | | | | | | | | | | | | | | |
|---|--|----------------------|-----------------|---|---|--|--|--|---|--|----------------------------------|---|--|---------------------------|--|
| Conducted by: _____ PPO Personnel (Name & Signature) | <table border="1"> <thead> <tr> <th>Service Satisfaction</th> <th>OVER-ALL RATING</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1. Not Satisfied</td> <td><input type="checkbox"/> 1. - Poor <input type="checkbox"/> 2. - Fair</td> </tr> <tr> <td><input type="checkbox"/> 2. Slightly Satisfied</td> <td><input type="checkbox"/> 3. - Good <input type="checkbox"/> 4. - Very Good</td> </tr> <tr> <td><input type="checkbox"/> 3. Moderately Satisfied</td> <td><input type="checkbox"/> 5. - Excellent</td> </tr> <tr> <td><input type="checkbox"/> 4. Very Satisfied</td> <td>Comments & Suggestion</td> </tr> <tr> <td><input type="checkbox"/> 5. Extremely Satisfied</td> <td> </td> </tr> <tr> <td>Name and Signature</td> <td> </td> </tr> </tbody> </table> | Service Satisfaction | OVER-ALL RATING | <input type="checkbox"/> 1. Not Satisfied | <input type="checkbox"/> 1. - Poor <input type="checkbox"/> 2. - Fair | <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 | Comments & Suggestion | <input type="checkbox"/> 5. Extremely Satisfied | | Name and Signature | |
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| Name and Signature | | | | | | | | | | | | | | | |
| PPO Unit: _____ | | | | | | | | | | | | | | | |
| Checked & Verified by: _____ PPO Head (Name & Signature) | | | | | | | | | | | | | | | |