



## REPAIR AND MAINTENANCE REQUEST

Filled in by requesting party		Filled in by PPO	
Date filed	: February 21, 2022	Date received	:
Building/Facility/ House No/ Apartment No./ Department	: ADVANCED RESEARCH AND INNOVATION CENTER	Received by	:
Location	: VSU UPPER CAMPUS	Designation/ Position	: Name & Signature
Requesting party	: JO JANE D. ATOK	Maintenance control number	:
Designation/ Position	: INSTRUCTOR		

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 (lathe, shaper, drill press, etc.)	<input type="checkbox"/> Instrumentation equipment & Laboratory instrument	<input type="checkbox"/> Others (specify):

### Brief Description of Repair and Maintenance

Adjust the drainage system for the installation of Lab Safety shower and eyewash.

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