



PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATION

Filled in by requesting party

Date filed : 2/25/25

Building/Department : NSTP

Location : Lower Campus

Requesting party : Mr. Dario P. Lina
Name & Signature

Designation/Position : Director

Contact no./Email : _____

Filled in by PPO

Date received : _____

Received by : _____
Name & Signature

Designation/Position : _____

Request Reference Number : _____

Please check and specify the nature of service request

| | |
|---|---|
| <input checked="" type="checkbox"/> Audio System (amplifier, speakers and microphones) With Lights? Yes. _____ No. _____ Setup Location: <u>VSV Gym</u> Date & Time Needed: <u>March 1, 8, 15, 22, 29 (3am-11am)</u> Estimated Duration (hrs): <u>4 hrs</u> | <input type="checkbox"/> Tent installation/s Setup Location: _____ No. of tent: _____ Tent size: _____ |
| <input type="checkbox"/> Land preparation, plowing & harrowing Location/Area covered: _____ Estimated passing trip: _____ | <input type="checkbox"/> Fabrication/s (new cabinets, furniture, metal works and other fabrications not considered as repair and maintenance) |
| <input type="checkbox"/> Site development, levelling, scrapping & backfilling Location: _____ | <input type="checkbox"/> Installation/s (tarpaulin, signage, new lock & knobs & other installation not considered as repair and maintenance) |
| <input type="checkbox"/> Hauling (Construction materials, office equipment & etc.) From: _____ To: _____ | <input type="checkbox"/> Machining works (lathe, shaper, drill press & etc.) |
| <input type="checkbox"/> Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection and the likes) | <input type="checkbox"/> Landscaping (Design and Installation) Location/Area covered: _____ |
| | <input type="checkbox"/> Other/s (Specify) : _____ |

Brief Description of Service Request

Sound system and operator needed for the NSTP Class/training.

ACCOMPLISHMENT

Filled in by PPO Personnel

Conducted by : _____
PPO Maintenance Personnel
(Name and Signature)

Date & Time Started : _____

Date & Time Finished : _____

Checked & verified : _____
PPO Head/Director
(Name and Signature)

Notes: _____

Filled in by Requesting Party

| Service Satisfaction | OVER ALL RATING | |
|--|---|---|
| <input type="checkbox"/> 1. Not Satisfied <input type="checkbox"/> 2. Slightly Satisfied <input type="checkbox"/> 3. Moderately Satisfied <input type="checkbox"/> 4. Very Satisfied <input type="checkbox"/> 5. Extremely Satisfied | <input type="checkbox"/> 1. Poor <input type="checkbox"/> 3. Good <input type="checkbox"/> 5. Excellent | <input type="checkbox"/> 2. Fair <input type="checkbox"/> 4. Very Good |
| Comments & Suggestion | | |
| Name & Signature | | |
| Designation/Position | | |