



### REPAIR AND MAINTENANCE REQUEST

#### REQUEST INFORMATION

*Filled in by requesting party*

Date filed : June 21, 2023

Building/Department : Department of Agronomy

Location : Department of Agronomy

Requesting party : ED ALLAN L. ALCOBER

Name & Signature

Designation/Position : Associate Professor IV

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 work requested:*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Vehicle Repair  | <input type="checkbox"/> Carpentry & Furniture Works                       | <input checked="" 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 equipment & Laboratory instrument | <input type="checkbox"/> Others (specify in the brief description below)        |

#### Brief Description of the Nature of Work Requested

Restoration of electricity and Installation of Lights and Power Outlets at the Department of Agronomy Seed Storage Room.

#### INSPECTION (Filled in by PPO Personnel)

Date of Inspection: \_\_\_\_\_ Time started: \_\_\_\_\_ [AM] [PM] Time ended: \_\_\_\_\_ [AM] [PM]

☐ In-House Repair and Maintenance

☐ For Outsourcing Repair and Maintenance

Materials/Parts

Manpower Required: \_\_\_\_\_

Estimated hours/days

of repair:

Schedule of repair: \_\_\_\_\_

☐ Available

☐

Available

☐ Not Available

☐

Not Available

Conducted:

PPO Maintenance Personnel/Name & Sign

Confirmed:

Name and Signature

Designation/Position

Designation/Position

#### 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

- ☐ 1. Not Satisfied
- ☐ 2. Slightly Satisfied
- ☐ 3. Moderately Satisfied
- ☐ 4. Very Satisfied
- ☐ 5. Extremely Satisfied

#### OVER ALL RATING

- ☐ 1. Poor ☐ 2. Fair
- ☐ 3. Good ☐ 4. Very Good
- ☐ 5. Excellent

#### Comments & Suggestion

Name & Signature

Designation/Position

#### Vision:

A globally competitive university for science, technology, and environmental conservation.

#### Mission:

Development of a highly competitive human resource, cutting-edge scientific knowledge and innovative technologies for sustainable communities and environment.