



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	<i>Filled in by PPO</i>
Date filed : August 21, 2023	Date received :
Building/Department : Department of Economics	Received by : _____ Name & Signature
Location : Upper Campus	Designation/Position :
Requesting party : <u>BABYLYN S. LAMBERT</u>	Request Reference Number :
Designation/Position : _____ Name & Signature	
Contact no./Email : <u>09190675211</u>	

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 in the brief description below)
Brief Description of the Nature of Work Requested		
Check up and repair of aircon <u>Urgent!!!</u>		

INSPECTION (Filled in by PPO Personnel)		
Date of Inspection: _____ Time started: _____ [AM] [PM] Time ended: _____ [AM] [PM]		
<input type="checkbox"/> In-House Repair and Maintenance <input type="checkbox"/> For Outsourcing Repair and Maintenance		
Materials/Parts	Manpower Required: _____	Estimated hours/days of repair: _____
<input type="checkbox"/> Available	<input type="checkbox"/> Available	Schedule of repair: _____
<input type="checkbox"/> Not Available	<input type="checkbox"/> Not Available	
Conducted: _____ PPO Maintenance Personnel/Name & Sign		Confirmed: _____ Name and Signature
Designation/Position		Designation/Position

ACCOMPLISHMENT													
<i>Filled in by PPO Personnel</i>	<i>Filled in by Requesting Party</i>												
Conducted by : _____ PPO Maintenance Personnel (Name and 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 checked="" 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> </tbody> </table>	Service Satisfaction	OVER ALL RATING	<input type="checkbox"/> 1 Not Satisfied	<input type="checkbox"/> 1 Poor <input checked="" 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	
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Date & Time Started : _____	Name & Signature												
Date & Time Finished : _____	Designation/Position												
Checked & verified : _____ PPO Head/Director (Name and Signature)													
Notes:													