



PHYSICAL PLANT SERVICE REQUEST FORM

Filled in by requesting party		Filled in by PPO	
Date filed	: May 10, 2023	Date received	:
Building/Facility/ House No/ Apartment No./ Department	: Dept. of Economics	Received by	: Name & Signature
Location	: Upper Campus	Designation/ Position	:
Requesting party	: ZYRA MAY H. CENTINO	Document control number	:
Designation/ Position	: Head, DOE		

Please check and specify the nature of service request

<input type="checkbox"/> Audio System (amplifier, speakers and microphones) With Lights? Yes. <input type="checkbox"/> No. <input type="checkbox"/> Setup Location: _____ Date & Time Needed: _____ Estimated Duration (hrs): _____	<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 checked="" 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 checked="" type="checkbox"/> Other/s (Specify) : Electrical

Brief Description of Service Request

1. Wire estimation for installation of wall fans in the DOE classrooms and offices.

Filled in by the requesting party after the conduct of service request														
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 rowspan="2">Comments & Suggestion</td> </tr> <tr> <td><input type="checkbox"/> 5. Extremely Satisfied</td> </tr> <tr> <td colspan="2">Name and Signature</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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PPO Unit: _____														
Checked & Verified by: _____ PPO Head/Director (Name & Signature)														