



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION	
<p><i>Filled in by requesting party</i></p> <p>Date filed : September 29, 2025</p> <p>Building/Department : FARM I</p> <p>Location : FARM I</p> <p>Requesting party : ED ALLAN L. ALCOBER Name & Signature</p> <p>Designation/Position : _____</p> <p>Contact no./Email : 09483696506</p>	<p><i>Filled in by GenSO</i></p> <p>Date received : _____</p> <p>Received by : _____ Name & Signature</p> <p>Designation/Position : _____</p> <p>Request Reference Number : _____</p>

Please check and specify the nature of work requested:		
<input type="checkbox"/> Vehicle Repair <input type="checkbox"/> Welding Works <input type="checkbox"/> Machining works (Lathe, shaper, drill press, etc.)	<input checked="" type="checkbox"/> Carpentry & Furniture Works <input type="checkbox"/> Plumbing Works <input type="checkbox"/> Instrumentation equipment & Laboratory instrument	<input type="checkbox"/> Electrical Works <input type="checkbox"/> Heating, Ventilating, Air conditioning & Refrigeration <input type="checkbox"/> Others (specify in the brief description below)
Brief Description of the Nature of Work Requested		
Fix door frame and install door knob		

INSPECTION (Filled in by GenSO 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: _____ GenSO Maintenance Personnel/Name & Sign Designation/Position		Confirmed: _____ Name and Signature Designation/Position

ACCOMPLISHMENT									
<p><i>Filled in by GenSO Personnel</i></p> <p>Conducted by : _____ GenSO Maintenance Personnel (Name and Signature)</p> <p>Date & Time Started : _____</p> <p>Date & Time Finished : _____</p> <p>Checked & verified : _____ GenSO Head/Director (Name and Signature)</p> <p>Notes: _____</p>	<p><i>Filled in by Requesting Party</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #FFD700;"> <th style="width: 50%;">Service Satisfaction</th> <th style="width: 50%;">OVER ALL RATING</th> </tr> </thead> <tbody> <tr> <td> <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 </td> <td> <input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair <input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good <input type="checkbox"/> 5. Excellent </td> </tr> <tr> <td colspan="2" style="text-align: center;">Comments & Suggestion</td> </tr> <tr> <td colspan="2" style="height: 50px;"></td> </tr> </tbody> </table> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	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"/> 2. Fair <input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good <input type="checkbox"/> 5. Excellent	Comments & Suggestion			
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