



## REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	
Date filed	: January 30, 2025
Building/Department	: ISRDS
Location	: ISRDS
Requesting party	: LILIAN B. NUÑEZ <i>liliana</i>
	Name & Signature
Designation/Position	: Director
Contact no./Email	:
<i>Filled in by PPO</i>	
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 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		
Cleaning of the concrete gutter and repair of the gutter outlet (see attached pix) at the ISRDS building.		

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: _____		Confirmed: _____
PPO Maintenance Personnel/Name & Sign		Name and Signature
Designation/Position		Designation/Position

ACCOMPLISHMENT															
<i>Filled in by PPO Personnel</i>	<i>Filled in by Requesting Party</i>														
Conducted by: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #FFD700;"> <th>Service Satisfaction</th> <th>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">Comments &amp; Suggestion</td> </tr> <tr> <td>Date &amp; Time Started: _____</td> <td rowspan="3"> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> </td> </tr> <tr> <td>Date &amp; Time Finished: _____</td> </tr> <tr> <td>Checked &amp; verified: _____</td> </tr> <tr> <td>PPO Head/Director (Name and Signature)</td> <td>Name &amp; Signature</td> </tr> <tr> <td>Notes:</td> <td>Designation/Position</td> </tr> </tbody> </table>	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		Date & Time Started: _____	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	Date & Time Finished: _____	Checked & verified: _____	PPO Head/Director (Name and Signature)	Name & Signature	Notes:	Designation/Position
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