



## REPAIR AND MAINTENANCE REQUEST

### REQUEST INFORMATION

*Filled in by requesting party*

Date filed : July 23 2024

Building/Department :

Location : Eco-FARM

Requesting party : JEROME O. ARRIBADO

Name &amp; Signature

Designation/Position : Director

Contact no./Email :

*Filled in by PPO*

Date received :

Received by

Name &amp; Signature

Designation/Position :

Request Reference :

Number

*Please check and specify the nature of work requested:*
☐ Vehicle Repair

☐ Carpentry & Furniture Works

☐ Electrical Works

☐ Welding Works

☐ Plumbing Works

☒ Heating, Ventilating, Air conditioning & Refrigeration

☐ Machining works  
(Lathe, shaper, drill press, etc.)

☐ Instrumentation equipment  
& Laboratory instrument

☐ Others (specify in the brief description below)

### Brief Description of the Nature of Work Requested

- Repair of one (1) air conditioning unit

### 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: \_\_\_\_\_

☐ Available

☐ Available

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

☐ Not Available

☐ Not Available

Conducted:

PPO Maintenance Personnel/Name &amp; 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 &amp; Suggestion

Name &amp; Signature

Designation/Position