



PHYSICAL PLANT SERVICE REQUEST FORM

| Filled in by requesting party | |
|---|--------------------------|
| Date filed | : January 26, 2022 |
| Building/Facility/ House No/ Apartment No./ Department | : Eco-FARMI |
| Location | : Eco-FARMI DEMO Farm |
| Requesting party | : JEROME O. ARRIBADO |
| Designation/ Position | : Project Leader |

| Filled in by PPO | |
|-------------------------------|--------------------|
| Date received | : |
| Received by | : Name & Signature |
| Designation/ Position | : |
| Maintenance control number | : |

To be accomplished in three (3) copies

Please check and specify the nature of service request

| | |
|---|---|
| <input type="checkbox"/> Audio System (amplifier, speakers and microphones) With Lights? Yes. ___ No. ___ 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"/> Others (specify): <u>Installation of Water Pipe for the Rabbit Project at Eco-FARMI Demo Farm</u> | |

Brief Description of Service Request

- Installation of Electric Water Pump

| | | |
|------------------------------------|---|------------------|
| Service Conducted by | : | Name & Signature |
| PPO Unit | : | |
| Conformed by (Requesting Party) | : | Name & Signature |
| Checked by (PPO Unit Head) | : | Name & Signature |

To be filled by the requesting party after service request conducted

Overall Service Satisfaction

1. Not Satisfied
2. Slightly Satisfied
3. Moderately Satisfied
4. Very Satisfied
5. Extremely Satisfied