



REPAIR AND MAINTENANCE REQUEST

Filled in by requesting party	
Date filed	4/1/2022
Building/Facility/ House No/ Apartment No./ Department	RCCRDC Office
Location	Back of admin Bldg...
Requesting party	EDUARDO O. MANGAOANG Name & Signature
Designation/ Position	

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

Materials/Supplies/Parts:

☐ Available

☐ Not Available

Brief Description of Repair and Maintenance
Request for an immediate check-up/ repair of RCCRDC Ceiling located at second floor upstairs area to prevent rainwater flows during heavy rainfalls.

Filled in by PPO personnel		
Part/Supplies/Materials Required	Manpower Requirement	Estimated hours/days to finished

Conducted by: _____
PPO Personnel
(Name & Signature)

PPO Unit _____

Checked & Verified by: _____
PPO Head
(Name & Signature)

Filled in by the requesting party after the conduct of repair and maintenance	
Service Satisfaction <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	OVER-ALL RATING <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
Name and Signature	