



PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	
Date filed : July 3, 2023	<i>Filled in by PPO</i>
Building/Department : Advanced Research and Innovation Center	Date received : _____
Location : Visayas State University	Received by : _____ <div style="text-align: right;">Name & Signature</div>
Requesting party : SARAH JEAN C. SUGANO <div style="text-align: right;">Name & Signature</div>	Designation/Position : _____
Designation/Position : Instructor	Request Reference Number : _____
Contact no./Email : sarah.sugano@vsu.edu.ph	
<i>Please check and specify the nature of service request</i>	
<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 checked="" type="checkbox"/> Machining works (lathe, shaper, drill press & etc.)
<input type="checkbox"/> Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection and the likes)	<input type="checkbox"/> Landscaping (Design and Installation) Location/Area covered: _____
<input type="checkbox"/> Other/s (Specify) : _____	
Brief Description of Service Request	
Cutting of the height of the metal table and install brace for stability and durability of the CO ₂ incubator	

ACCOMPLISHMENT											
<i>Filled in by PPO Personnel</i>											
Conducted by : _____ <div style="text-align: right;">PPO Maintenance Personnel (Name and Signature)</div>	<i>Filled in by Requesting Party</i>										
Date & Time Started : _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 50%;">Service Satisfaction</th> <th style="width: 50%;">OVER ALL RATING</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <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 style="padding: 5px;"> <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="padding: 5px;"> Comments & Suggestion </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Name & Signature : _____ </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> 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		Name & Signature : _____		Designation/Position : _____	
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											
Name & Signature : _____											
Designation/Position : _____											
Date & Time Finished : _____											
Checked & verified : _____ <div style="text-align: right;">PPO Head/Director (Name and Signature)</div>											
Notes: _____											