



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	
Date filed	August 9, 2023
Building/Department	
Location	Eco-FARM
Requesting party	JEROME O. ARRIBADO
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 checked="" 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

- Vehicle Wheel alignment**

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: _____
<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	PPO Maintenance Personnel (Name and Signature)	Service Satisfaction	OVER ALL RATING
Date & Time Started		<input type="checkbox"/> 1. Not Satisfied	<input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair
Date & Time Finished		<input type="checkbox"/> 2. Slightly Satisfied	<input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good
Checked & verified	PPO Head/Director (Name and Signature)	<input type="checkbox"/> 3. Moderately Satisfied	<input type="checkbox"/> 5. Excellent
Notes:		<input type="checkbox"/> 4. Very Satisfied	Comments & Suggestion
		<input type="checkbox"/> 5. Extremely Satisfied	
		Name & Signature	
		Designation/Position	