



REPAIR AND MAINTENANCE REQUEST

Filled in by requesting party		Filled in by PPO	
Date filed	: February 09, 2022	Date received	:
Building/Facility/	ADVANCED	Received by	
House No./	RESEARCH AND		Name & Signature
Apartment No./	INNOVATION CENTER	Designation/	:
Department		Position	:
Location	: VSU UPPER CAMPUS	Maintenance	:
Requesting party	: JO JANE D. ATOK	control number	:
Designation/			
Position	: INSTRUCTOR		

Note:

- Three (3) copies: (1) for requesting party, (1) for PPO unit Head & (1) for maintenance team
- One (1) job request in every of PPO unit
- Job request control number is required.

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): |

Brief Description of Repair and Maintenance

Assist the supplier and engineer in the installation of the Laboratory safety shower and eyewash.

Materials/Supplies/Parts:

☐ Available

☐ Not Available

Filled in by PPO personnel

Part/Supplies/Materials Required	Manpower Requirement	Estimated hours/days to finished

Inspected by:

PPO Maintenance

Checked & Verified by:

PPO Unit Head

Approved by:

PPO Director