



PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	<i>Filled in by PPO</i>
Date filed : March 14, 2023	Date received :
Building/Department : DOE	Received by : Name & Signature
Location : Upper Campus	Designation/Position :
Requesting party : ERNESTO F. BULAYOG	Request Reference Number :
Designation/Position : Head, DOE	
Contact no./Email : 1024 (VOIP)	

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 checked="" type="checkbox"/> Hauling (Construction materials, office equipment & etc.)
From: DOE To: Supply Office | <input 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

Hauling of waste material from DOE to Supply Office.

ACCOMPLISHMENT

Filled in by PPO Personnel		Filled in by Requesting Party	
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"/> 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
Date & Time Finished :			Comments & Suggestion
Checked & verified : PPO Head/Director (Name and Signature)		Name & Signature	
Notes:		Designation/Position	