



PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATION

Filled in by requesting party

Date filed : March 5, 2025

Building/Department : Department of Agronomy

Location : DA Classrooms

Requesting party : LUZ G ASIO

Designation/Position : Name & Signature

Contact no./Email : Dept. Head

Filled in by PPO

Date received : _____

Received by : _____

Designation/Position : _____

Request Reference : _____

Number : _____

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 checked="" 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 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 checked="" type="checkbox"/> Other/s (Specify) : <u>Inspection of classrooms</u> |

Brief Description of Service Request

1. Inspection of classrooms for installing projectors.

ACCOMPLISHMENT

Filled in by PPO Personnel

Conducted by : _____
 PPO Maintenance Personnel
 (Name and Signature)

Date & Time Started : _____

Date & Time Finished : _____

Checked & verified : _____
 PPO Head/Director
 (Name and Signature)

Notes: _____

Filled in by Requesting Party

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	