



**VISAYAS**  
STATE UNIVERSITY



PHYSICAL PLANT OFFICE

## PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	<i>Filled in by PPO</i>
Date filed : August 09, 2023	Date received : _____
Building/Department : Department of Agronomy	Received by : _____ Name & Signature
Location : <u>Department Head Office</u>	Designation/Position : _____
Requesting party : <u>DIONESIO M. BAÑOC</u>	Request Reference Number : _____
Designation/Position : _____ Name & Signature	
Contact no./Email : _____	
<b>Please check and specify the nature of service request</b>	
<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: _____	<input type="checkbox"/> Fabrication/s (new cabinets, furniture, metal works and other fabrication/s not considered as repair and maintenance)
<input type="checkbox"/> Estimated passing trip: _____	<input checked="" type="checkbox"/> Installation/s (tarpaulin, signage, new lock & knobs & other installation not considered as repair and maintenance)
<input type="checkbox"/> Site development, levelling, scrapping & backfilling Location: _____	<input type="checkbox"/> Machining works (lathe, shaper, drill press & etc.)
<input type="checkbox"/> Hauling (Construction materials, office equipment & etc.) From: _____ To: _____	<input type="checkbox"/> Landscaping (Design and Installation) Location/Area covered: _____
<input type="checkbox"/> Plans, Layouts and Estimates (Drafting, floor plans, material & cost estimate, site inspection and the likes)	<input type="checkbox"/> Other/s (Specify) : Installation of Exhaust fan _____
<b>Brief Description of Service Request</b>	
1. Installation of glass cabinet	
<b>ACCOMPLISHMENT</b>	
<i>Filled in by PPO Personnel</i>	<i>Filled in by Requesting Party</i>
Conducted by : _____ PPO Maintenance Personnel (Name and Signature)	<b>Service Satisfaction</b>
Date & Time Started : _____	<input type="checkbox"/> 1. Not Satisfied
Date & Time Finished : _____	<input type="checkbox"/> 2. Slightly Satisfied
	<input type="checkbox"/> 3. Moderately Satisfied
	<input type="checkbox"/> 4. Very Satisfied
	<input type="checkbox"/> 5. Extremely Satisfied
Checked & Verified : _____ PPO Head/Director (Name and Signature)	<b>OVER ALL RATING</b>
Notes: _____	<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
	<b>Comments &amp; Suggestion</b>
	Name & Signature
	Designation/Position

### PHYSICAL PLANT OFFICE

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