



REPAIR AND MAINTENANCE REQUEST

| REQUEST INFORMATION | |
|--------------------------------------|---|
| <i>Filled in by requesting party</i> | |
| Date filed | : May 26, 2023 |
| Building/Department | : Advanced Research and Innovation Center |
| Location | : Tuklas Lunas Laboratory Mikhaelabangamento |
| Requesting party | : MIKHAILA ANNE BARGAMENDO Name & Signature |
| Designation/Position | : Science Research Assistant |
| Contact no./Email | : mikhaela.bargamendo@vsu.edu.ph |
| <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 type="checkbox"/> Vehicle Repair | <input type="checkbox"/> Carpentry & Furniture Works | <input checked="" 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 | | |
| Relining of electrical wires | | |

| INSPECTION (Filled in by PPO Personnel) | | |
|--|--|---------------------------------------|
| Date of Inspection: _____ Time started: _____ [AM] [PM] Time ended: _____ [AM] [PM] | | |
| <input type="checkbox"/> In-House Repair and Maintenance <input type="checkbox"/> 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> | |
| Conducted by | : PPO Maintenance Personnel (Name and Signature) |
| Date & Time Started | : |
| Date & Time Finished | : |
| Checked & verified | : PPO Head/Director (Name and Signature) |
| Notes: | |
| <i>Filled in by Requesting Party</i> | |
| 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 | |