



## REPAIR AND MAINTENANCE REQUEST

### REQUEST INFORMATION

*Filled in by requesting party*

Date filed : \_\_\_\_\_

Building/Department : Dept. of Economics

Location : Upper Campus

Requesting party : LEMUEL S. PRECIADOS

Designation/Position : Name & Signature

Contact no./Email : Head, DoEcon

1024

*Filled in by PPO*

Date received : \_\_\_\_\_

Received by : \_\_\_\_\_

Designation/Position : \_\_\_\_\_

Request Reference Number : \_\_\_\_\_

Name & Signature

*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 in the brief description below)        |

### Brief Description of the Nature of Work Requested

Repair of clogged up urinal for boys CR. (Urgent!!!)

### INSPECTION (Filled in by PPO Personnel)

Date of Inspection: \_\_\_\_\_ Time started: \_\_\_\_\_ [AM] [PM] Time ended: \_\_\_\_\_ [AM] [PM]

☐ In-House Repair and Maintenance

☐ 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: \_\_\_\_\_

PPO Maintenance Personnel/Name & Sign

Confirmed: \_\_\_\_\_

Name and Signature

Designation/Position

Designation/Position

### 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

- ☐ 1. Not Satisfied
- ☐ 2. Slightly Satisfied
- ☐ 3. Moderately Satisfied
- ☐ 4. Very Satisfied
- ☐ 5. Extremely Satisfied

#### OVER ALL RATING

- ☐ 1. Poor ☐ 2. Fair
- ☐ 3. Good ☐ 4. Very Good
- ☐ 5. Excellent

#### Comments & Suggestion

Name & Signature

Designation/Position