



REPAIR AND MAINTENANCE REQUEST

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 | : |
| | : Name & Signature | | |
| Designation/Position | : Head, DoEcon | | |
| Contact no./Email | : 1024 (VOIP) | | |

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

1. Replacement of 4 toilet bowl for male and female CR
2. Repair of clogged up sink for male and female CR.
3. Repair of leaking faucets in the CR.

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: _____ |
| <input type="checkbox"/> Available | <input type="checkbox"/> Available |
| <input type="checkbox"/> Not Available | <input type="checkbox"/> Not Available |
| Estimated hours/days of repair: _____ | |
| Schedule of repair: _____ | |
| Conducted: _____ | Confirmed: _____ |
| PPO Maintenance Personnel/Name & Sign | Name and Signature |
| Designation/Position | Designation/Position |

ACCOMPLISHMENT

| | | | |
|-----------------------------------|---|--|--|
| <i>Filled in by PPO Personnel</i> | | <i>Filled in by Requesting Party</i> | |
| 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"/> 1. Poor <input type="checkbox"/> 2. Fair |
| Date & Time Finished | : | <input type="checkbox"/> 2. Slightly Satisfied | <input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good |
| | | <input type="checkbox"/> 3. Moderately Satisfied | <input type="checkbox"/> 5. Excellent |
| | | <input type="checkbox"/> 4. Very Satisfied | Comments & Suggestion |
| | | <input type="checkbox"/> 5. Extremely Satisfied | |
| Checked & verified | : PPO Head/Director (Name and Signature) | Name & Signature | |
| Notes: | | Designation/Position | |