



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION

<i>Filled in by requesting party</i>		<i>Filled in by GenSO</i>	
Date filed	: <u>Sept. 1, 2025</u>	Date received	: _____
Building/Department	: <u>NSTP</u>	Received by	_____
Location	: <u>Lower campus</u>	Designation/Position	: _____
Requesting party	: <u>Dario P. Lina</u>	Request Reference Number	: _____
	Name & Signature		
Designation/Position	: <u>NSTP Director</u>		
Contact no./Email	: _____		

Please check and specify the nature of work requested:

- | | | |
|--|--|---|
| <input type="checkbox"/> Vehicle Repair | <input checked="" 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 NSTP wooden chair

INSPECTION (*Filled in by GenSO 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: _____
GenSO Maintenance Personnel/Name & Sign		Name and Signature
Designation/Position		Designation/Position

ACCOMPLISHMENT

<i>Filled in by GenSO Personnel</i>		<i>Filled in by Requesting Party</i>	
Conducted by	: _____ GenSO 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	
		<input type="checkbox"/> 5. Extremely Satisfied	
Checked & verified	: _____ GenSO Head/Director (Name and Signature)	Comments & Suggestion	
Notes:			
		Name & Signature	
		Designation/Position	

GENERAL SERVICES OFFICE

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