



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION

Filled in by requesting party

Date filed : August 12, 2024

Building/Department : ISRDS

Location : ISRDS Faculty Room

Requesting party : GINA A. DELIMA

Name & Signature

Designation/Position : Asst.Prof. III

Contact no./Email :

Filled in by PPO

Date received :

Received by

Name & Signature

Designation/Position :

 Request Reference
Number :

Please check and specify the nature of work requested:
☐ Vehicle Repair

☐ Carpentry & Furniture Works

☐ Electrical Works

☐ Welding Works

☐ Plumbing Works

☐ Heating, Ventilating, Air
conditioning & Refrigeration

☐ Machining works
(Lathe, shaper, drill press, etc.)

☐ Instrumentation equipment
& Laboratory instrument

☐ Others (specify in the brief description
below)

Brief Description of the Nature of Work Requested

Check water leakage of the aircon unit at Faculty room.

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: _____

☐ Available

☐ Available

Schedule of repair: _____

☐ Not Available

☐ 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