



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	
Date filed	: August 14, 2025
Building/Department	: Dept. of Economics
Location	: Upper Campus
Requesting party	: LEMUEL S. PRECIADOS Name & Signature
Designation/Position	: Head, DOE
Contact no./Email	: VOIP 1024
<i>Filled in by GenSO</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 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		
Replacement of all malfunctioned lights of ECON classrooms.		

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: _____ GenSO Maintenance Personnel/Name & Sign Designation/Position		Confirmed: _____ Name and Signature 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)	<table border="1"> <thead> <tr> <th>Service Satisfaction</th> <th>OVER ALL RATING</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1. Not Satisfied</td> <td><input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair</td> </tr> <tr> <td><input type="checkbox"/> 2. Slightly Satisfied</td> <td><input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good</td> </tr> <tr> <td><input type="checkbox"/> 3. Moderately Satisfied</td> <td><input type="checkbox"/> 5. Excellent</td> </tr> <tr> <td><input type="checkbox"/> 4. Very Satisfied</td> <td>Comments & Suggestion</td> </tr> <tr> <td><input type="checkbox"/> 5. Extremely Satisfied</td> <td></td> </tr> <tr> <td>Name & Signature</td> <td></td> </tr> <tr> <td>Designation/Position</td> <td></td> </tr> </tbody> </table>	Service Satisfaction	OVER ALL RATING	<input type="checkbox"/> 1. Not Satisfied	<input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair	<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		Name & Signature		Designation/Position	
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Checked & verified: _____ GenSO Head/Director (Name and Signature)																	
Notes: _____																	