



## REPAIR AND MAINTENANCE REQUEST

### REQUEST INFORMATION

*Filled in by requesting party*

Date filed : 6/5/24

Building/Department : NSTP

Location : Lower Campus

Requesting party : Dario P. Lina  
Name & Signature

Designation/Position : NSTP Director

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:

- |  |  |   |
|--|--|---|
| <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<br>(Lathe, shaper, drill press, etc.) | <input type="checkbox"/> Instrumentation equipment & Laboratory instrument | <input checked="" type="checkbox"/> Others (specify in the brief description below) <u>Painting of the building</u> |

### Brief Description of the Nature of Work Requested

Repaint of the NSTP building.

### 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  
Designation/Position

Confirmed: \_\_\_\_\_  
Name and Signature  
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 &amp; Signature

Designation/Position