



PHYSICAL PLANT SERVICE REQUEST FORM

Filled in by requesting party	
Date filed	March 18, 2022
Building/Facility/ House No/ Apartment No./ Department	Institute of Human Kinetics
Location	IHK
Requesting party	EDILBERTO A. ARTIGA, JR. II
Designation/Position	University Sports Facilities In-charge

Filled in by PPO	
Date received	
Received by	Name & Signature
Designation/ Position	
Document control number	

Please check and specify the nature of service request

<input type="checkbox"/> Audio System (amplifier, speakers and microphones) With Lights? Yes. ___ No. ___ Setup Location: _____ Date & Time Needed: _____ Estimated Duration (hrs): _____	<input type="checkbox"/> Tent installation/s Setup Location: _____ No. of tent: _____ Tent size: _____
<input type="checkbox"/> Land preparation, plowing & harrowing Location/Area covered: _____ Estimated passing trip: _____	<input type="checkbox"/> Fabrication/s (new cabinets, furniture, metal works and other fabrications not considered as repair and maintenance)
<input type="checkbox"/> Site development, levelling, scrapping & backfilling Location: _____	<input type="checkbox"/> Installation/s (tarpaulin, signage, new lock & knobs & other installation not considered as repair and maintenance)
<input type="checkbox"/> Hauling (Construction materials, office equipment & etc.) From: _____ To: _____	<input type="checkbox"/> Machining works (lathe, shaper, drill press & etc.)
<input type="checkbox"/> Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection and the likes)	<input type="checkbox"/> Landscaping (Design and Installation) Location/Area covered: _____
	<input type="checkbox"/> Other/s (Specify) : _____

Brief Description of Service Request

- Painting of the Traffic Flow inside the Gymnasium

(to be used In preparation of the coming Welcoming of the Limited Face to Face (F2F) for students program to be held at the University Gymnasium on March 21, 2022)

Conducted by: _____
PPO Personnel
(Name & Signature)

PPO Unit _____

Checked & Verified by: _____
PPO Head/Director
(Name & Signature)

Filled in by the requesting party after the conduct of service request	
Service Satisfaction	OVER-ALL RATING
<input type="checkbox"/> 1. Not Satisfied <input type="checkbox"/> 2. Slightly Satisfied <input type="checkbox"/> 3. Moderately Satisfied <input type="checkbox"/> 4. Very Satisfied <input type="checkbox"/> 5. Extremely Satisfied	<input type="checkbox"/> 1. - Poor <input type="checkbox"/> 2. - Fair <input type="checkbox"/> 3. - Good <input type="checkbox"/> 4. - Very Good <input type="checkbox"/> 5. - Excellent
	Comments & Suggestion
Name and Signature	