



## REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	
Date filed	: September 2, 2024
Building/Department	: Department of Agronomy
Location	: Department of Agronomy
Requesting party	: <u>LUZ G ASIO</u> Name & Signature
Designation/Position	: Head, DA
Contact no./Email	:
<i>Filled in by PPO</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 checked="" 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		
1. Problems on water connection and broken water pipe in the department.		

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

ACCOMPLISHMENT																		
<i>Filled in by PPO Personnel</i>	<i>Filled in by Requesting Party</i>																	
Conducted by: _____ PPO 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 rowspan="2">Comments &amp; Suggestion</td> </tr> <tr> <td><input type="checkbox"/> 5. Extremely Satisfied</td> </tr> <tr> <td>Date &amp; Time Started: _____</td> <td rowspan="3">Name &amp; Signature</td> </tr> <tr> <td>Date &amp; Time Finished: _____</td> </tr> <tr> <td>Checked &amp; verified: _____ PPO Head/Director (Name and Signature)</td> </tr> <tr> <td>Notes: _____</td> <td>Designation/Position</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	Date & Time Started: _____	Name & Signature	Date & Time Finished: _____	Checked & verified: _____ PPO Head/Director (Name and Signature)	Notes: _____	Designation/Position
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