



PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	
Date filed	June 29, 2023
Building/Department	Eco-FARMI, Demo Farm, Vermicomposting Facility
Location	VSU
Requesting party	REYNANTE G. MACAPANAS Name & Signature
Designation/Position	SRA, Eco-FARMI
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 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 checked="" type="checkbox"/> Hauling (Construction materials, office equipment & etc.) From: <u>Mabolo drive</u> To: <u>Eco-FARMI Demo Farm</u> Plans, Layouts and Estimates (Drafting, floor plan/s, material & cost estimate, site inspection and the likes)	<input type="checkbox"/> Machining works (lathe, shaper, drill press & etc.)
	<input type="checkbox"/> Landscaping (Design and Installation) Location/Area covered: _____
	<input type="checkbox"/> Other/s (Specify): _____

Brief Description of Service Request

- Hauling of Rice Straw from Mabolo Drive to Demo Farm, Vermicomposting Facility.

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