



## REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	<i>Filled in by PPO</i>
Date filed : April 29, 2024	Date received : _____
Building/Department : _____	Received by : _____ Name & Signature
Location : Eco-FARMI	Designation/Position : _____
Requesting party : <b>JEROME O. ARRIBADO</b>	Request Reference Number : _____
Designation/Position : Director	
Contact no./Email : _____	

*Please check and specify the nature of work requested:*

<input type="checkbox"/> Vehicle Repair	<input type="checkbox"/> Carpentry & Furniture Works	<input checked="" 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**

- Repair and replacement of broken bulb in the Training Hall, Eco-FARMI 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: \_\_\_\_\_ Confirmed: \_\_\_\_\_  
 PPO Maintenance Personnel/Name & Sign \_\_\_\_\_ Name and Signature \_\_\_\_\_  
 Designation/Position \_\_\_\_\_ Designation/Position \_\_\_\_\_

**ACCOMPLISHMENT**

Filled in by PPO Personnel		Filled in by Requesting Party	
Conducted by : PPO Maintenance Personnel (Name and Signature)		<b>Service Satisfaction</b>	<b>OVER ALL RATING</b>
Date & Time Started : _____		<input type="checkbox"/> 1. Not Satisfied	<input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair
Date & Time Finished : _____		<input type="checkbox"/> 2. Slightly Satisfied	<input type="checkbox"/> 3. Good <input type="checkbox"/> 4. Very Good
Checked & verified : PPO Head/Director (Name and Signature)		<input type="checkbox"/> 3. Moderately Satisfied	<input type="checkbox"/> 5. Excellent
Notes: _____		<input type="checkbox"/> 4. Very Satisfied	<b>Comments &amp; Suggestion</b>
		<input type="checkbox"/> 5. Extremely Satisfied	
		Name & Signature	
		Designation/Position	