



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION

Filled in by requesting party

Date filed : April 11, 2023

Building/Department : Department of Pure and Applied Chemistry

Location : DoPAC

Requesting party : JANE M. ABAPO
Name & Signature

Designation/Position : Lab. Tech. II, DoPAC

Contact no./Email : jane.abapo@vsu.edu.ph

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 checked="" 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

Check/ Change the ceiling fan in DoPAC Stockroom AC-107.

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

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	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		
Name & Signature		
Designation/Position		