



PHYSICAL PLANT SERVICE REQUEST FORM

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	<i>Filled in by PPO</i>
Date filed : 9/27/2023	Date received :
Building/Department : Warner - 100	Received by : _____ Name & Signature
Location : Beside IGP Dorm	Designation/Position :
Requesting party : MARIA TERESA A. CRUZ	Request Reference Number :
Designation/Position : Head, IAS	
Contact no./Email :	

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 checked="" 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

Repair of Back door steel gate

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></td> </tr> <tr> <td><input type="checkbox"/> 5. Extremely Satisfied</td> <td></td> </tr> <tr> <td colspan="2">Comments & Suggestion</td> </tr> <tr> <td colspan="2">Name & Signature</td> </tr> <tr> <td colspan="2">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		<input type="checkbox"/> 5. Extremely Satisfied		Comments & Suggestion		Name & Signature		Designation/Position	
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