

**PHYSICAL PLANT SERVICE REQUEST FORM****REQUEST INFORMATION***Filled in by requesting party*

Date filed : April 5, 2024

Building/Department : ECO-FARMI DEMO FARM

Location : VSU

Requesting party : REYNANTE G. MACAPANAS

Designation/Position : Name & Signature

Contact no./Email : SRA

Filled in by PPO

Date received : _____

Received by : _____

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. <input type="checkbox"/> No. <input type="checkbox"/>
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>PCC Barn</u> To: <u>Eco-FARMI Demo Farm</u> | <input 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

- Hauling of ^{Carabao} Cow Manure from PCC Barn to Demo Farm on April 11, 2024.

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**

- ☐ 1. Not Satisfied
☐ 2. Slightly Satisfied
☐ 3. Moderately Satisfied
☐ 4. Very Satisfied
☐ 5. Extremely Satisfied

OVER ALL RATING

- ☐ 1. Poor ☐ 2. Fair
☐ 3. Good ☐ 4. Very Good
☐ 5. Excellent

Comments & Suggestion

Name & Signature

Designation/Position