



## PHYSICAL PLANT SERVICE REQUEST FORM

| REQUEST INFORMATION                                    |                                   |
|--|-----------------------------------|
| <i>Filled in by requesting party</i>                   | <i>Filled in by PPO</i>           |
| Date filed : June 11, 2025                             | Date received :                   |
| Building/Department : ISRDS                            | Received by :<br>Name & Signature |
| Location : VSU, Visca, Baybay City                     | Designation/Position :            |
| Requesting party : LILIAN B. NUÑEZ<br>Name & Signature | Request Reference Number :        |
| Designation/Position : Director                        |                                   |
| Contact no./Email :                                    |                                   |

*Please check and specify the nature of service request*

|  |   |
|--|---|
| <input type="checkbox"/> Audio System(amplifier, speakers and microphones)<br>With Lights? Yes. ___ No. ___<br>Setup Location: _____<br>Date & Time Needed: _____<br>Estimated Duration (hrs): _____ | <input type="checkbox"/> Tent installation/s<br>Setup Location: _____<br>No. of tent: _____<br>Tent size: _____   |
| <input type="checkbox"/> Land preparation, plowing & harrowing<br>Location/Area covered: _____<br>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<br>Location: _____   | <input checked="" 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.)<br>From: _____ To: _____  | <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)<br>Location/Area covered: _____  |
|  | <input type="checkbox"/> Other/s (Specify) : _____  |

**Brief Description of Service Request**

Installation of the SMART TV at the ISRDS training room.

| ACCOMPLISHMENT   |   |                      |                 |   |   |  |  |  |                                       |  |  |   |  |
|--|---|----------------------|-----------------|---|---|--|--|--|---------------------------------------|--|--|---|--|
| <i>Filled in by PPO Personnel</i>                                | <i>Filled in by Requesting Party</i>  |                      |                 |   |   |  |  |  |                                       |  |  |   |  |
| Conducted by : PPO Maintenance Personnel<br>(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></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 |  |
| 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                  |   |                      |                 |   |   |  |  |  |                                       |  |  |   |  |
| Date & Time Started :  | Comments & Suggestion   |                      |                 |   |   |  |  |  |                                       |  |  |   |  |
| Date & Time Finished :   |   |                      |                 |   |   |  |  |  |                                       |  |  |   |  |
| Checked & verified : PPO Head/Director<br>(Name and Signature)   | Name & Signature  |                      |                 |   |   |  |  |  |                                       |  |  |   |  |
| Notes:   | Designation/Position  |                      |                 |   |   |  |  |  |                                       |  |  |   |  |