



**PHYSICAL PLANT SERVICE REQUEST FORM**

Filled in by requesting party	
Date filed	: February 09, 2022
Building/Facility/ House No/ Apartment No./ Department	: Advanced Research and Innovation Center
Location	: VSU Upper Campus
Requesting party	: Jo Jane D. Atok
Designation/ Position	: Instructor

Filled in by PPO	
Date received	: _____
Received by	_____
	Name & Signature
Designation/ Position	: _____
Maintenance control number	: _____

To be accomplished in three (3) copies

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) Installation/s (tarpaulin, signage, new lock & knobs & other installation not considered as repair and maintenance)
<input type="checkbox"/> Site development, levelling, scrapping & backfilling Location: _____	<input type="checkbox"/> Machining works (lathe, shaper, drill press & etc.)
<input type="checkbox"/> Hauling (Construction materials, office equipment & etc.) From: _____ To: _____	<input type="checkbox"/> Others (specify): <u>Installation of safety shower and eyewash</u>

**Brief Description of Service Request**

Assist supplier in the installation of laboratory safety shower and eyewash

Service Conducted by : \_\_\_\_\_  
Name & Signature

PPO Unit : \_\_\_\_\_

Conformed by : **JO JANE D. ATOK**  
(Requesting Party) : \_\_\_\_\_  
Name & Signature

Checked by : \_\_\_\_\_  
(PPO Unit Head) : \_\_\_\_\_  
Name & Signature

To be filled by the requesting party after service request conducted

**Overall Service Satisfaction**

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