



REPAIR AND MAINTENANCE REQUEST

REQUEST INFORMATION

Filled in by requesting party

Date filed : May 13, 2024

Building/Department : NSTP

Location : Lower Campus

Requesting party : Dario P. Lina
Name & Signature

Designation/Position : NSTP Director

Contact no./Email :

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 checked="" type="checkbox"/> Plumbing Works | <input 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

Repair of the faucet at the back of NSTP Office.

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: _____ PPO Maintenance Personnel/Name & Sign
Designation/Position: _____

Confirmed: _____ Name and Signature
Designation/Position: _____

ACCOMPLISHMENT

Filled in by PPO Personnel		Filled in by Requesting Party	
Conducted by : _____ PPO Maintenance Personnel (Name and Signature)		Service Satisfaction	OVER ALL RATING
Date & Time Started : _____		<input type="checkbox"/> 1. Not Satisfied	<input type="checkbox"/> 1. Poor <input type="checkbox"/> 2. Fair
Date & Time Finished : _____		<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	
Checked & verified : _____ PPO Head/Director (Name and Signature)			Comments & Suggestion
Notes: _____		Name & Signature	
		Designation/Position	