



**REPAIR AND MAINTENANCE REQUEST**

REQUEST INFORMATION	
<i>Filled in by requesting party</i>	<i>Filled in by GenSO</i>
Date filed : November 25, 2025	Date received : _____
Building/Department : ISRDS	Received by : _____ Name & Signature
Location : VSU Visca	Designation/Position : _____
Requesting party : <b>LILIAN B. NUÑEZ</b>	Request Reference Number : _____
Designation/Position : Director	
Contact no./Email : _____	

*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 the clogged sink of the male/female common Comfort room of ISRDS.

**INSPECTION** (*Filled in by GenSO 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	_____
<input type="checkbox"/> Not Available	<input type="checkbox"/> Not Available	<b>Schedule of repair:</b> _____

Conducted: \_\_\_\_\_ Confirmed: \_\_\_\_\_  
 GenSO Maintenance Personnel/Name & Sign \_\_\_\_\_ Name and Signature \_\_\_\_\_  
 Designation/Position \_\_\_\_\_ Designation/Position \_\_\_\_\_

**ACCOMPLISHMENT**

<i>Filled in by GenSO Personnel</i>	<i>Filled in by Requesting Party</i>	
Conducted by : GenSO Maintenance Personnel (Name and Signature)	<b>Service Satisfaction</b>	<b>OVER ALL RATING</b>
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
Checked & verified : GenSO Head/Director (Name and Signature)	<input type="checkbox"/> 3. Moderately Satisfied	<input type="checkbox"/> 5. Excellent
Notes: _____	<input type="checkbox"/> 4. Very Satisfied	<b>Comments &amp; Suggestion</b>
	<input type="checkbox"/> 5. Extremely Satisfied	
	Name & Signature _____	
	Designation/Position _____	