



**REPAIR AND MAINTENANCE REQUEST**

**Filled in by requesting party**

Date filed	:	February 15, 2022
Building/Facility/ House No./ Apartment No./ Department	:	APARTMENT 68
Location	:	KILBOURNE ST.
Requesting party	:	ANALITA A. SALABAO
Designation/ Position	:	INSTRUCTOR IV

**Filled in by PPO**

Date received	:	
Received by	:	Name & Signature
Designation/ Position	:	
Maintenance control number	:	

**Note:**

- Three (3) copies: (1) for requesting party, (1) for PPO unit Head & (1) for maintenance team
- One (1) job request in every of PPO unit
- Job request control number is required.

**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 type="checkbox"/> Plumbing Works  | <input type="checkbox"/> Heating, Ventilating, Air conditioning & Refrigeration |
| <input type="checkbox"/> Machining works<br>(lathe, shaper, drill press, etc.) | <input type="checkbox"/> Instrumentation<br>equipment<br>& Laboratory instrument | <input checked="" type="checkbox"/> Others (specify):                           |

**Brief Description of Repair and Maintenance**

No Water Supply(Urgent)

Materials/Supplies/Parts:

☐ Available

☐ Not Available

**Filled in by PPO personnel**

Part/Supplies/Materials Required	Manpower Requirement	Estimated hours/days to finished

Inspected  
by:

PPO Maintenance

Checked  
& Verified  
by:

PPO Unit Head

Approved  
by:

PPO Director