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| **OFFICE** |  |
| **QUALITY PROCEDURE TITLE** | Management of Facilities |
| **PERIOD:** | Month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **No.** | **Ctrl No.** | **Requesting Personnel** | **Office** | **Type of Request** | **Expected Date** | **Processing of Repair Request** | | | | | | | | | | **Processing Days** | **Rating** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Received Request** | | **Inspection** | | **Recommending Approval** | | **Approved/**  **Disapproved** | | **Completion/ Acceptance** | |
| **Date** | **Time** | **Date** | **Time** | **Date** | **Time** | **Date** | **Time** | **Date** | **Time** |
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