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OAX	REQUEST FOR MINOR REPAIR FORM	Page 1/1

DESCRIPTION OF PROPERTY			
TYPE		BRAND MODEL	
SERIAL NO.		PROPERTY NO.	
ACQUISITION DATE		ACQUISITION COST	

DEFECTS AND COMPLAINTS	
NATURE AND SCOPE OF WORK TO BE DONE	

REQUESTED BY					
NAME				POSITION/TITLE	
DEPARTMENT					
Date Submitted		Time Submitted		SIGNATURE	

INITIAL ASSESSMENT			
<input type="checkbox"/> Can be Repaired/fabricated in-house		<input type="checkbox"/> Cannot be Repaired/fabricated in-house	
ASSESSED BY:			SIGNATURE
Date Assessed:		Personnel Assigned	

SUPPLIES AND MATERIALS			
PARTS TO BE REPLACED/ SUPPLIED	Quantity	Unit	Particulars

APPROVAL			
<input type="checkbox"/> APPROVED		<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> RESUBMIT REQUEST
Notes:			
HEAD, AUXILIARY SERVICES		SIGNATURE	
DATE		TIME	

ACTION TAKEN			
MAINTENANCE PERSONNEL		SIGNATURE	
Date Started / Time		Date Finished / Time	
POST-INSPECTION REPORT			
<input type="checkbox"/> ACCEPTED		<input type="checkbox"/> REJECTED	
REQUISITIONER / END-USER		SIGNATURE	
DATE		TIME	