
 <b>OSPITAL NG PARAÑAQUE</b> 		Document Code: <b>OSPAR-ADM-Engineering &amp; Maintenance-002</b>
		Issue Date:
<b>ADMINISTRATIVE DIVISION APPROVAL MATRIX</b>		Section / Department <b>Engineering and Maintenance</b>
		Page No.
<b>Policy Title:</b> <b>POLICY AND PROCEDURE ON REPAIRS AND RENOVATION</b>		
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## PROCEDURES:

### A. Repairs

1. In case of repairs, the section head should fill up a job order form for approval of the Chief of Hospital prior to roving to this section.
2. If there are parts /supplies to be replaced, this office shall forward the form to the Property Section for the canvass and purchase of such items.
3. After Property Section purchased the needed supplies, they in turn notify Maintenance Section of the availability of said supplies.
4. In cases where in this section can't cope with the repair, it shall be referred to the authorized service centers or the city engineering's office of Paranaque.
5. Routing of this form shall be the responsibility of this section.
6. A report on the status of request MUST be made to the Hospital Administrator and Chief of Hospital within 48 hours.
7. Repairs of any equipment when done inside the hospital MUST always be physically supervised by the staff of this section.
8. All technicians from outside service providers must be registered at the CWU for proper ID tagging.
9. The Chief of Hospital and the Section Head of area under which the equipment falls MUST be informed 3-5 days prior to entry of outside technicians for preparation of the area. Time frame for repair MUST likewise be relayed to them.



# OSPITAL NG PARAÑAQUE

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Philhealth Accredited



## Requisition form for Repairs/Renovation

AREA: \_\_\_\_\_

DATE: \_\_\_\_\_

Nature of Repair: \_\_\_\_\_

Signature

Date

### MAINTENANCE SECTION:

Attachments:

☐ Program and Scope of Work

☐ None Needed

### PROPERTY SECTION:

Bill of Materials:

\_\_\_\_\_ # of items available

\_\_\_\_\_ # of items unavailable

Attachments:

☐ Canvassed Cost

☐ None

Signature

Date

Signature

Date

### CASH SECTION:

Signature

Date

☐ With available cash

☐ Without available cash

### ACCOUNTING SECTION:

Signature

Date

☐ With the Budget

☐ Over draft

Office of the Chief of Hospital

Date Received: \_\_\_\_\_

Signature: \_\_\_\_\_

STATUS OF REQUEST:

Approved  
Denied

Date to start repair: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Signature

Date