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|  | | Reference No.: BatStateU-FO-GSO-01 | | | | Effectivity Date: November 17, 2017 | | | | Revision No.: 01 | | | | | |
| Title: | | JOB ORDER FORM – INSPECTION ORDER | | | | | | | | | | | | | |
| Date | | | | Campus | | Main 1 | | Lipa City | | San Juan | | Lemery | | Malvar | |
| | mm | dd | yyyy | | | Main 2 | | Rosario | | Balayan | | Nasugbu | | Lobo | |
| Name of Office: | | | | | | | | | | | | | | | |
| Job Order Request | Kindly put a check mark <input checked="" type="checkbox"/> before the work, service and/or assistance to be done. | | | | | INSPECTION REPORT | | | | MATERIALS NEEDED | | | | | |
| | | Air-conditioning Works: | | | | | | | | | | | | | |
| | | Carpentry / Masonry Works: | | | | | | | | | | | | | |
| | | Electrical Works: | | | | | | | | | | | | | |
| | | Painting Works: | | | | JOB RECOMMENDATION | | | | | | | | | |
| | | Plumbing Works: | | | | | | | | | | | | | |
| | | Welding Works: | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| | | Requested by: | | | | Inspected by: | | | | Approved by: | | | | | |
| Signature: | | | | | | | | | | | | | | | |
| Printed Name: | | | | | | | | | | Assoc. Prof. JOVITO C. PLATA | | | | | |
| Designation: | | | | | | | | | | Director, GSO | | | | | |
| Date: | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Start of Service | | End of Service | | | | No. of hrs | | Assessment | | | | | | | |
| Date : ____ / ____ / ____ | | Date : ____ / ____ / ____ | | | | | | <input type="radio"/> Work completed upon agreed duration | | | | | | | |
| Time : ____ : ____ am / pm | | Time : ____ : ____ am / pm | | | | | | <input type="radio"/> Work not completed upon agreed duration | | | | | | | |
| Accomplished Works | | | | | | | | Work done by | | | Signature | | | | |
| | | | | | | | | | | | | | | | |
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| Conforme: | | | | | | | | | | | | | | | |
| | | Name | | | | Signature | | | | Date Signed | | | | | |
| Thank you for giving us the opportunity to serve you better. Please help us <input checked="" type="checkbox"/> by taking a few minutes to inform us about the technical assistance/service that you have just been provided. Put a check <input type="checkbox"/> on the column that corresponds to your level of satisfaction. | | | | | | | | | | | | | | | |
| EVALUATION STATEMENTS | | | | | Outstanding | Very Satisfactory | Satisfactory | Unsatisfactory | Poor | | | | | | |
| | | | | | 5 | 4 | 3 | 2 | 1 | | | | | | |
| Response time to the initial call for service | | | | | | | | | | | | | | | |
| Accuracy of work and efficiency to save time | | | | | | | | | | | | | | | |
| Courtesy and professionalism of the attending personnel | | | | | | | | | | | | | | | |
| Quality of service provided in performing the requested work, service and/or assistance. | | | | | | | | | | | | | | | |

