

**IT EQUIPMENT SERVICE REQUEST FORM**

Information and Communication Technology Department

Declaration and Data Privacy Consent: The information I have given is true, correct, and complete. By submitting this form, I authorize the Philippine Ports Authority to collect, use, process, and retain my personal data in accordance with the PPA’s Privacy Statement and for purposes specified in this form.

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| **ORSD FORM** | **Ref. No.** | **SERVICE REQUEST**  (To be accomplished by the requesting party) | | | |
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| **RC** | | **Name of Employee:** (Full name, First Name, Middle Name) | | | **Date/Time Reported** |
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| **Detect/Problem** | | | | | |
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| **Name** | | | **User Signature** | | |
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| **ORSD FORM 002** | **Ref. No.** | **SERVICE SLIP**  (To be accomplished by ICTD Technical Personnel) | | | |
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| **Diagnostics** | | | **Action Taken** | | |
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| **Parts Replaced** | | | | | |
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| **Date Received** | | **Time Received** | | **User Signature** | |
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Help us serve you better. Please take a moment to give us your feedback by scanning the QR code and submitting the accomplished form. Thank you.



**GENERAL INSTRUCTIONS:**

1. Indicate the Responsibility Center.
2. Indicate the Name of Employee
3. Indicate the Date and time reported.
4. Fill in the Detect/Problem.
5. Indicate name and affix signature of the person who requested.

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| Logo  Description automatically generated | | | | **PPA HEAD OFFICE** | | | | | | | | | | | | | | | | Doc. Ref. Code: | | | | |  | | PM:APC: | | |  | | :CFB:FM:01 | | | |
| RC: |  |  |  |  |  |  | |  | |  | |  |  | |  | Revision No.: | | | | |  | | 01 | | |  | |  |  | |  |
|  | | | | | | | | | | | | | | | | Date of Effectivity: | | | | |  | | October 01, 2021 | | | | | | | | |
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| Thank you for giving us the opportunity to better serve you. We want to improve our service, please help us by answering this short survey. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(Maraming salamat sa pagkakataong kayo ay aming mapaglingkuran. Nais naming pagbutihin pa ang aming serbisyo, maaari po lamang pakisagot ang maiksing "survey" na ito.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *https://newsaurus.files.wordpress.com/2014/10/frowny-thumbs-down.png* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Smiley face clip art thumbs up free clipart images 2* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | |  | | | | | | | (Oo naman!) | | | | | | | | | | | | | (Hindi) | | | | | | | | | | | |
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|  | | | |  | | | | | | | (Markahan ang mga boxes ng inyong sagot) | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1. CUSTOMER EXPERIENCE** | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | A. Efficiency (Kaalaman at bilis ng serbisyo) | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |
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|  | | B. Courtesy (Magalang at madaling pakitunguhan) | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **2. DID WE SERVE YOU WELL?**  **(COMMENTS/SUGGESTIONS)** | | | |  | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | Naging maayos ba ang aming serbisyo? | | | | | | | | | |
|  | (Komento/Suhestiyon): | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **NAME & SIGNATURE:** | | |  | | | | | | | | | | | | | **COMPANY:** | | | | |  | | | | | | | | | | | | |  | |
| **CONTACT NO. (Required):** | | |  | | | | | | | | | | | | | **DATE/TIME:** | | | | |  | | | | | | | | | | | | |  | |
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| Maaring ihulog sa itinakdang "SUGGESTION BOX" ang kumpletong "survey" na nasa "Security/Reception | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Desk" na matatagpuan sa PMO Building. MARAMING SALAMAT PO! | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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