



## ENGINEERING DEPARTMENT

**SERVICE NAME:** Implementation of Corrective Maintenance of Hospital Facilities and Equipment during COVID – 19 Pandemic

| <b>Office or Division:</b>   |   | Engineering Department            |  |   |
|--|---|-----------------------------------|--|---|
| <b>Classification:</b>   |   | Complex                           |  |   |
| <b>Type of Transaction:</b>  |   | G2G                               |  |   |
| <b>Who may avail:</b>  |   | All Departments/ Sections of QCGH |  |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>            |  |   |
| Job Order Form   |   | Central Supply Room (CSR)         |  |   |
| Request and Issue Slip Form  |   | Engineering Service               |  |   |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE PAID                   | PROCESSING TIME                                    | PERSON RESPONSIBLE                                  |
| 1. Request for corrective maintenance of hospital facilities and equipment.<br><br>2. Wait for the result of evaluation of the job requested | 1. Disinfection of hospital facilities/ equipment using of UV Light                               | None                              | 45 minutes   | Medical Technician/<br>Designated maintenance staff |
|  | 2. Evaluation of facilities/ equipment for repair   |                                   | 30 minutes   | Designated maintenance staff                        |
|  | 3. If materials are not needed corrective works will be performed                                 |                                   | Depends upon the nature of corrective works needed | Designated maintenance staff                        |
|  | 4. Disinfect again using UV Light the unit head will  |                                   | 45 minutes   | Medical Technician/<br>Designated maintenance staff |
|  | 5. If materials are needed the unit head will prepare a request for supplies (refer to flowchart) |                                   |  | Designated maintenance staff/ Unit Head             |
| <b>TOTAL:</b>  |   |                                   | <b>2 hours</b>                                     |   |



**SERVICE NAME:** Implementation of Preventive Maintenance of Hospital Facilities and Equipment during COVID – 19 Pandemic

| <b>Office or Division:</b>   |   | Engineering Department                           |  |   |
|--|---|--|--|---|
| <b>Classification:</b>   |   | Highly Technical                                 |  |   |
| <b>Type of Transaction:</b>  |   | G2G  |  |   |
| <b>Who may avail:</b>  |   | All Department/ Section of QCGH                  |  |   |
| <b>CHECKLIST OF REQUIREMENTS</b>   |   | <b>WHERE TO SECURE</b>                           |  |   |
| Job Order Form<br>Request and Issue Slip Form  |   | Central Supply Room (CSR)<br>Engineering Service |  |   |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>  | <b>FEES TO BE PAID</b>                           | <b>PROCESSING TIME</b>                             | <b>PERSON RESPONSIBLE</b>                           |
| 1. Request for corrective maintenance of hospital facilities and equipment.<br><br>2. Wait for the result of evaluation of the job requested | 1. Disinfection of hospital facilities/ equipment using of UV Light                               | None   | 45 minutes   | Medical Technician/<br>Designated maintenance staff |
|  | 2. Evaluation of facilities/ equipment for repair   |  | 30 minutes   | Designated maintenance staff                        |
|  | 3. If materials are not needed corrective works will be performed                                 |  | Depends upon the nature of corrective works needed | Designated maintenance staff                        |
|  | 4. Disinfect again using UV Light the unit head will  |  | 45 minutes   | Medical Technician/<br>Designated maintenance staff |
|  | 5. If materials are needed the unit head will prepare a request for supplies (refer to flowchart) |  |  | Designated maintenance staff/<br>Unit Head          |
| <b>TOTAL:</b>  |   |  | <b>2 hours</b>                                     |   |



**SERVICE NAME:** Management of Motor Pool Services during COVID – 19 Pandemic for Service Vehicle

| <b>Office or Division:</b>            |  | Engineering Department          |                                 |                           |
|---------------------------------------|--|---------------------------------|---------------------------------|---------------------------|
| <b>Classification:</b>                |  | Simple                          |                                 |                           |
| <b>Type of Transaction:</b>           |  | G2G                             |                                 |                           |
| <b>Who may avail:</b>                 |  | All Department/ Section of QCGH |                                 |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>      |  | <b>WHERE TO SECURE</b>          |                                 |                           |
| Trip Ticket Form                      |  | Central Supply Room (CSR)       |                                 |                           |
| <b>CLIENT STEPS</b>                   | <b>AGENCY ACTION</b>                               | <b>FEES TO BE PAID</b>          | <b>PROCESSING TIME</b>          | <b>PERSON RESPONSIBLE</b> |
| 1. Request for use of service vehicle | 1. Make a routine check of the service vehicle     | None                            | 15 minutes                      | Assigned Driver           |
| 2. Wait for return/ duration of trip  | 2. Drive the vehicle to the designated location    |                                 | Depends on the location of trip | Assigned Driver           |
|                                       | 3. Disinfection using liquid disinfection solution |                                 | 10 minutes                      | Assigned Driver           |
| <b>TOTAL:</b>                         |  |                                 | <b>25 minutes</b>               |                           |



**SERVICE NAME:** Management of Motor Pool Services during COVID – 19 Pandemic for Ambulance

| <b>Office or Division:</b>            |  | Engineering Department          |   |                                 |
|---------------------------------------|--|---------------------------------|---|---------------------------------|
| <b>Classification:</b>                |  | Simple                          |   |                                 |
| <b>Type of Transaction:</b>           |  | G2G                             |   |                                 |
| <b>Who may avail:</b>                 |  | All Department/ Section of QCGH |   |                                 |
| <b>CHECKLIST OF REQUIREMENTS</b>      |  | <b>WHERE TO SECURE</b>          |   |                                 |
| Trip Ticket Form                      |  | Central Supply Room (CSR)       |   |                                 |
| CLIENT STEPS                          | AGENCY ACTION  | FEES TO BE PAID                 | PROCESSING TIME                                 | PERSON RESPONSIBLE              |
| 1. Request for use of service vehicle | 1. Make a routine check of the service vehicle       | None                            | 15 minutes                                      | Assigned Driver                 |
|                                       | 2. Wear complete Personal Protective Equipment (PPE) |                                 | 5 minutes                                       | Assigned Driver                 |
|                                       |  |                                 | 3. Drive the vehicle to the designated location | Depends on the location of trip |
|                                       | 4. Disinfection using liquid disinfection solution   |                                 |   | 10 minutes                      |
| 2. Wait for return/ duration of trip  |  |                                 |   |                                 |
| <b>TOTAL:</b>                         |  |                                 | <b>30 minutes</b>                               |                                 |



## ENGINEERING DEPARTMENT

### Feedback and Complaints Mechanism

| <b>Feedback and Complaints Mechanism</b>     |  |
|--|--|
| <b>How to send a feedback</b>                | <p>To send a feedback, fill-up the form provided beside the suggestion box and drop to the suggestion box outside the Engineering Office.</p> <p>Feedback can be also send at Public Assistance Desk at Hospital Main Lobby.</p>   |
| <b>How feedbacks are processed</b>           | <p>Quezon City Public Representatives will open the drop box and compiles and records all feedback submitted.</p> <p>Feedback requiring answers are forwarded to the relevant offices and they are required to answer within three (3) days of the receipt of the feedback.</p> <p>For inquiries and follow ups, clients may contact the following telephone number 8863-0800 loc 605.</p> |
| <b>How to file a complaint</b>               | <p>Complaints can be filed via telephone or in writing. Make sure to provide complete details of complaints including name of complainants and department.</p>   |
| <b>How complaints are processed</b>          | <p>The Designated Staff/ Head of Department will evaluate the complaint and make a report for proper action.</p> <p>For inquiries and follow ups, clients may contact the following telephone number 8863-0800 loc 605</p>   |
| <b>Contact Information of CCB, PCC, ARTA</b> | <p>ARTA: <a href="mailto:info@arta.gov.ph">info@arta.gov.ph</a><br/><a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a><br/>8478-5091/ 8478-5093/ 8478-5099</p> <p>PCC: 8888</p> <p>CCB: 0908-881-6565 (SMS)</p>  |