



DEPARTMENT/OFFICE  
Quezon City, Metro Manila



Control no: \_\_\_\_\_

DESCRIPTION OF PROPERTY:

NOTE: To be filled-up completely by the requesting Office/Department:

Type: \_\_\_\_\_ Brand: \_\_\_\_\_ Property No. \_\_\_\_\_

Serial No.: \_\_\_\_\_ Model: \_\_\_\_\_

Acquisition Cost: \_\_\_\_\_ Date Acquired: \_\_\_\_\_

Nature of Last Repair: \_\_\_\_\_ Date of Last Repair: \_\_\_\_\_

Date of last Repair: \_\_\_\_\_

DEFECTS/COMPLAINTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parts to be supplied/replaced: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted Requirments: \_\_\_\_\_ Status of Equipment \_\_\_\_\_

Covering Letter  Operational

A.R.E  Non-Operational Requested by: \_\_\_\_\_

Others: \_\_\_\_\_

Property Officer

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

**CITY GENERAL SERVICES DEPARTMENT**  
Property Management & Control Division  
**OFFICE EQUIPMENT**

PRE-REPAIR INSPECTION Inspection Report no: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

**Findings:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pre-Inspected by: \_\_\_\_\_ Noted by: \_\_\_\_\_

Technical Inspector

**FAITH C. SALMORIN**  
Chief, PMCD

POST-REPAIR INSPECTION

Date Requested: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

**Findings:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fund Code: \_\_\_\_\_ Source of Fund: \_\_\_\_\_

P.O. NO.: \_\_\_\_\_ Date : \_\_\_\_\_ Amount : \_\_\_\_\_

Invoice No.: \_\_\_\_\_ Date : \_\_\_\_\_ Amount : \_\_\_\_\_

Repair Shop: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Submitted Documents: \_\_\_\_\_

Waste Materials (If Necessary)  Others: \_\_\_\_\_

Post-Inspected by: \_\_\_\_\_ Noted by: \_\_\_\_\_

Technical Inspector

**FAITH C. SALMORIN**  
Chief, PMCD