PRELIMINARY SURVEY VISIT

AREA VIII:

PHYSICAL PLANT AND FACILITIES

C. BUILDINGS

PRELIMINARY SURVEY VISIT

AREA VIII:

PHYSICAL PLANT AND FACILITIES

C. BUILDINGS

C.1. Approved Building Plan, showing the Location of the Different Buildings in the Campus

(P.D.) NO. 1096 ADOPTING A
NATIONAL BUILDING CODE OF THE PHILIPPINES (NBCP) THEREBY
REVISING REPUBLIC ACT NUMBERED SIXTY-FIVE HUNDRED FORTY-ONE
(R.A. No. 6541)

SECTION 103. Scope and Application

(a) The provisions of this Code shall apply to the design, location, siting, construction, alteration, repair, conversion, use, occupancy, maintenance, moving, demolition of, and addition to public and private buildings and structures, except traditional indigenous family dwellings as defined herein.

(b) Buildings and/or structures constructed before the approval of this Code shall not be affected thereby except when alterations, additions, conversions or repairs are to be made therein in which case, this Code shall apply only to portions to be altered, added, converted or repaired.

SECTION 104. General Building Requirements

(a) All buildings or structures as well as accessory facilities thereto shall conform in all respects to the principles of safe construction and must be suited to the purpose for which they are designed.

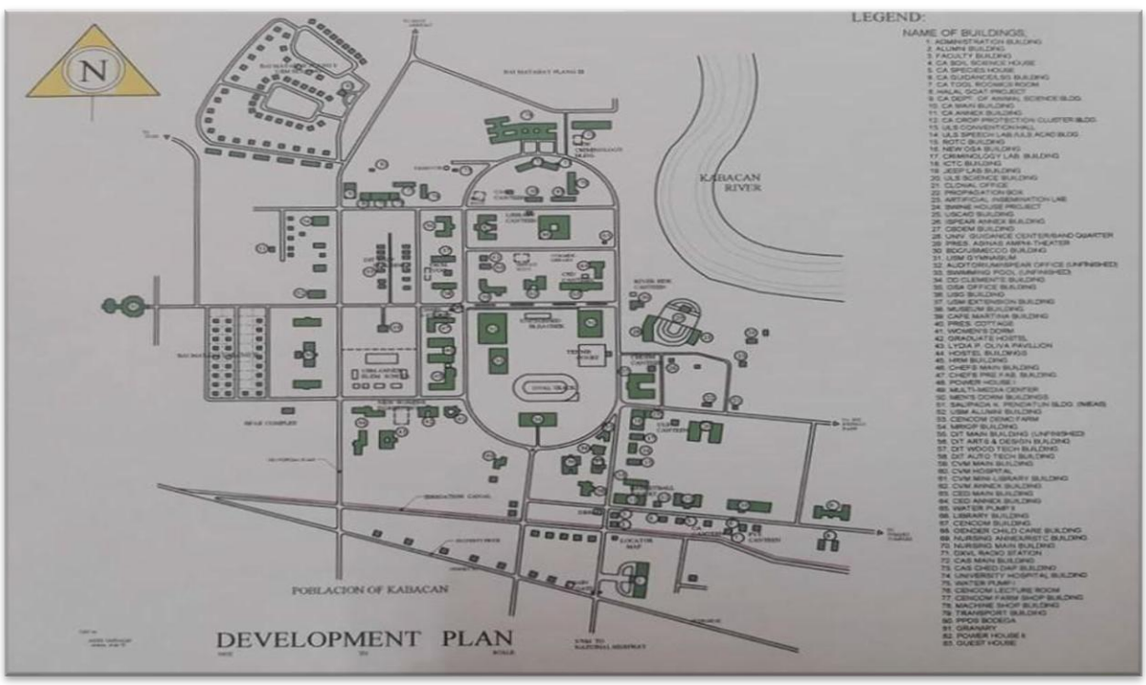
(b) Buildings or structures intended to be used for the manufacture and/or production of any kind of article or product shall observe adequate environmental safeguards.

(c) Buildings or structures and all parts thereof as well as all facilities found therein shall be maintained in safe, sanitary and good working condition.

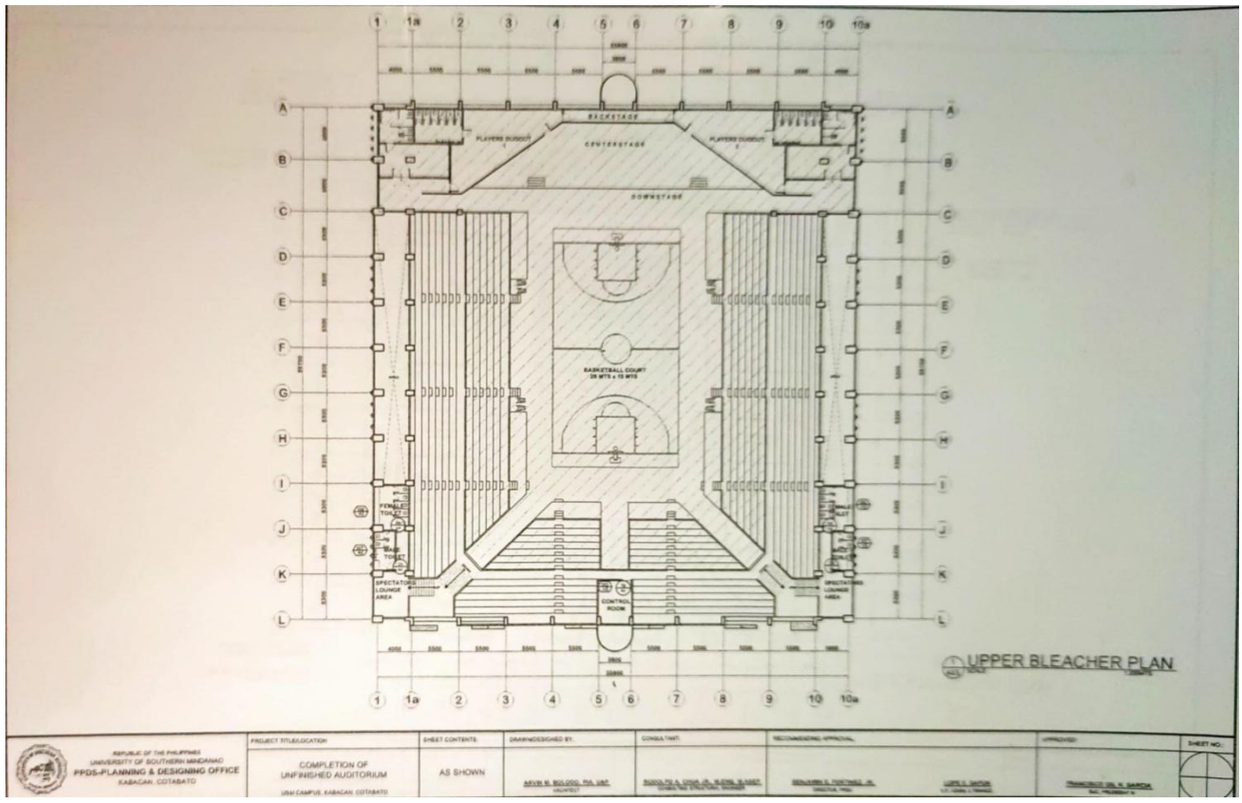
SECTION 105. Site Requirements

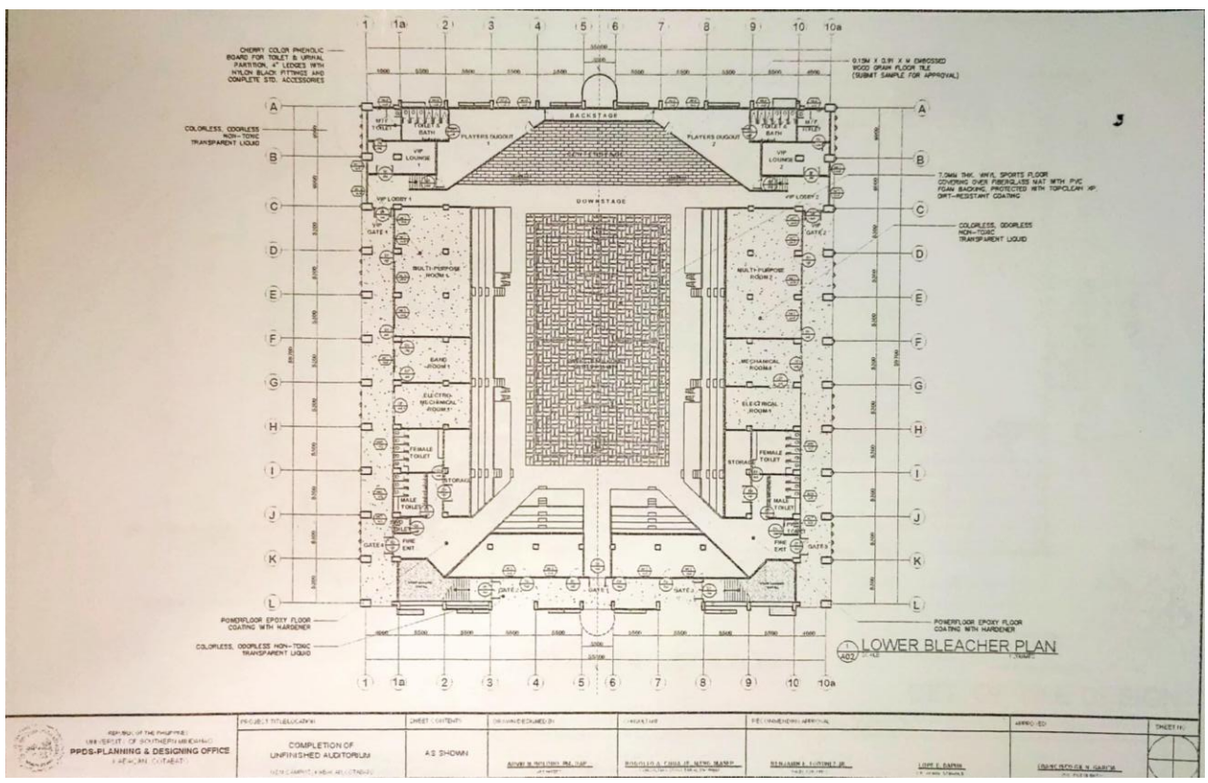
The land or site upon which will be constructed any building or structure, or any ancillary or auxiliary facility thereto, shall be sanitary, hygienic or safe. In the case of sites or buildings intended for use as human habitation or abode, the same shall be at a safe distance, as determined by competent authorities, from streams or bodies of water and/or sources of air considered to be polluted; from a volcano or volcanic site and/or any other building considered to be a potential source of fire or explosion

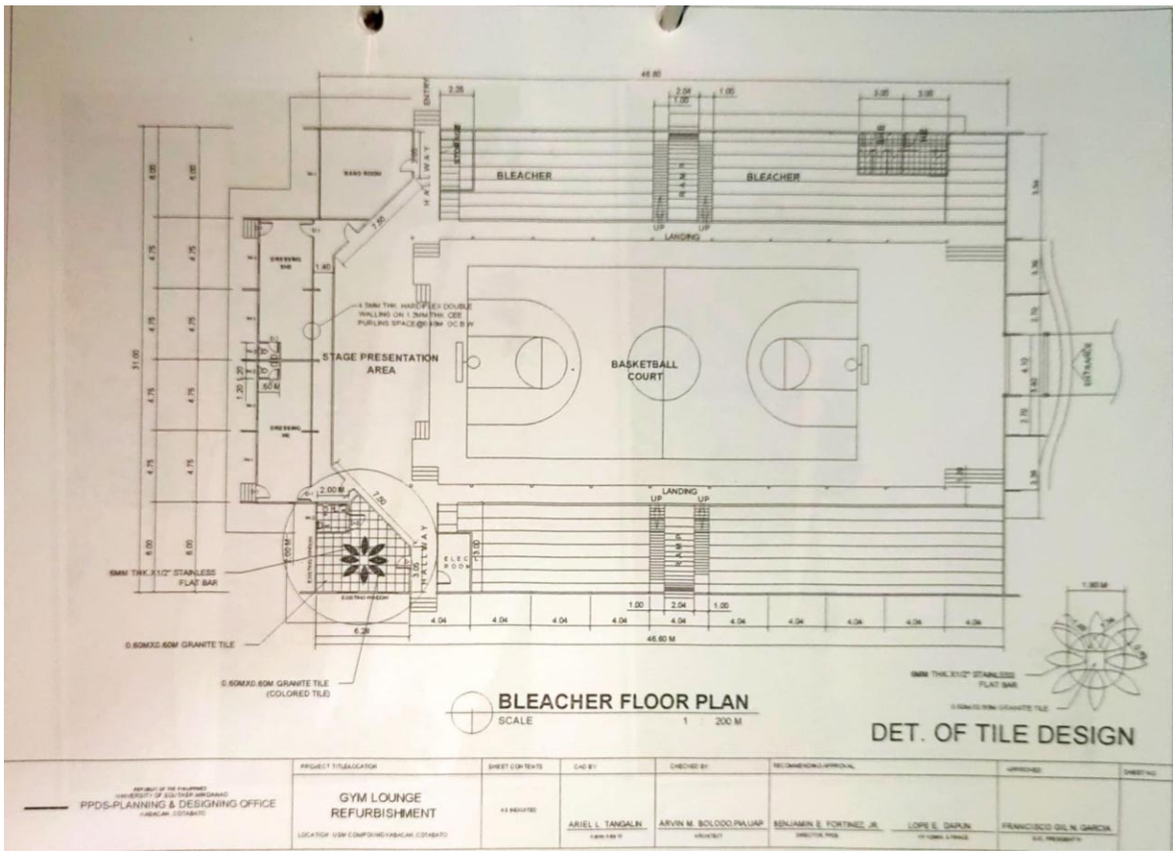

Kabacan River
USM Guest House
Letsgoen
University Hospital
DXVL KOOL FM - Radyo Pilipinas
Pomelo Ave
College Of Industry and Technology
Kabacan River Park
Mahogany Ave
CVM & CIT CANTEEN
Aringay Rd
College of Education
Founder's Halal Canteen
Mango Ave
College of Human Ecology and Food...
Magsaysay Ave
Central Nursery Rd
President Ave
Chico Ave
University of Southern Mindanao
Cafe Martina
ULS Rd
Coco Ext
Durian Ext
Durian Ave
Google
Kabacan Wesleyan


LEGEND:
NAME OF BUILDINGS:
KABACAN RIVER
POBLACION OF KABACAN
DEVELOPMENT PLAN

Building Plan of the College






BLEACHER
BLEACHER
STAGE PRESENTATION AREA
BASKETBALL COURT
LANDING
6MM THK.X1/2" STAINLESS FLAT BAR
0.60MX0.60M GRANITE TILE
0.60MX0.60M GRANITE TILE (COLORED TILE)
46.60 M
BLEACHER FLOOR PLAN
SCALE 1 : 200 M
DET. OF TILE DESIGN
PPDS-PLANNING & DESIGNING OFFICE
GYM LOUNGE REFURBISHMENT
ARIEL L. TANGALIN
ARVIN M. BOLOGO, PIA, UAP
BENJAMIN E. FORTINEZ, JR.
LOPE E. DAPUN
FRANCISCO GIL N. GARCIA

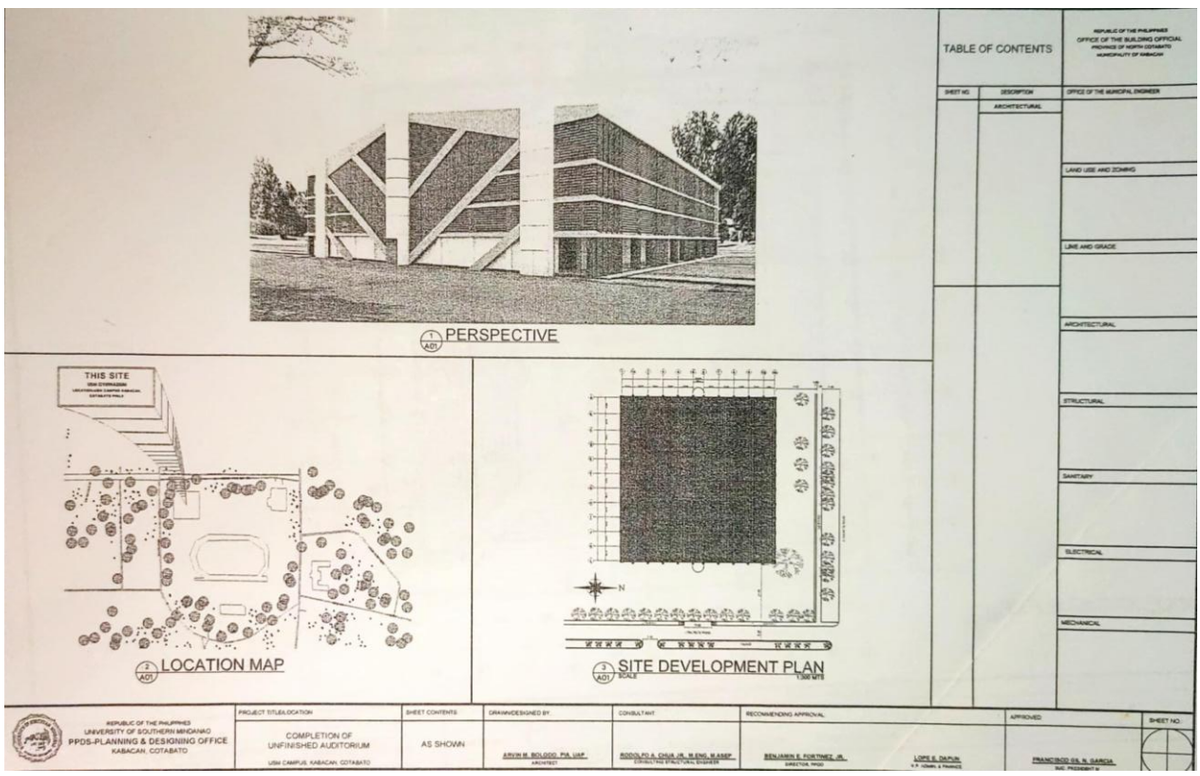


TABLE OF CONTENTS
SHEET NO.
DESCRIPTION
ARCHITECTURAL
PERSPECTIVE
THIS SITE
LOCATION MAP
SITE DEVELOPMENT PLAN
REPUBLIC OF THE PHILIPPINES
UNIVERSITY OF SOUTHERN MINDANAO
PPDS-PLANNING & DESIGNING OFFICE
KABACAN, COTABATO
COMPLETION OF UNFINISHED AUDITORIUM
USM CAMPUS, KABACAN, COTABATO
AS SHOWN
ARVIN M. BOLOGO, PIA, UAP
ARCHITECT
BENJAMIN E. FORTINEZ, JR.
DIRECTOR, PPDO
LOPE E. DAPUN
FRANCISCO GIL N. GARCIA

PRELIMINARY SURVEY VISIT

AREA VIII:

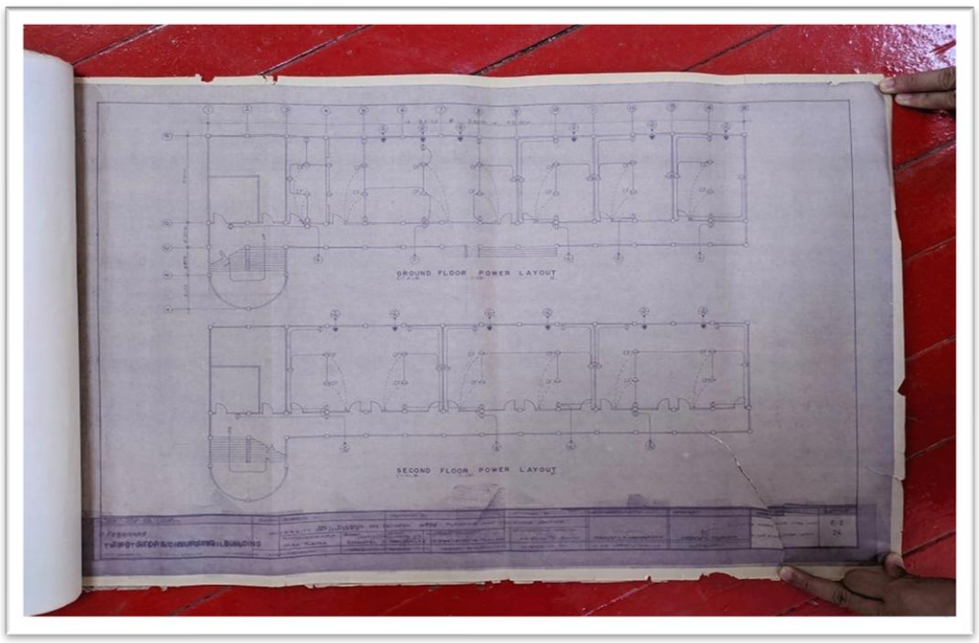
PHYSICAL PLANT AND FACILITIES

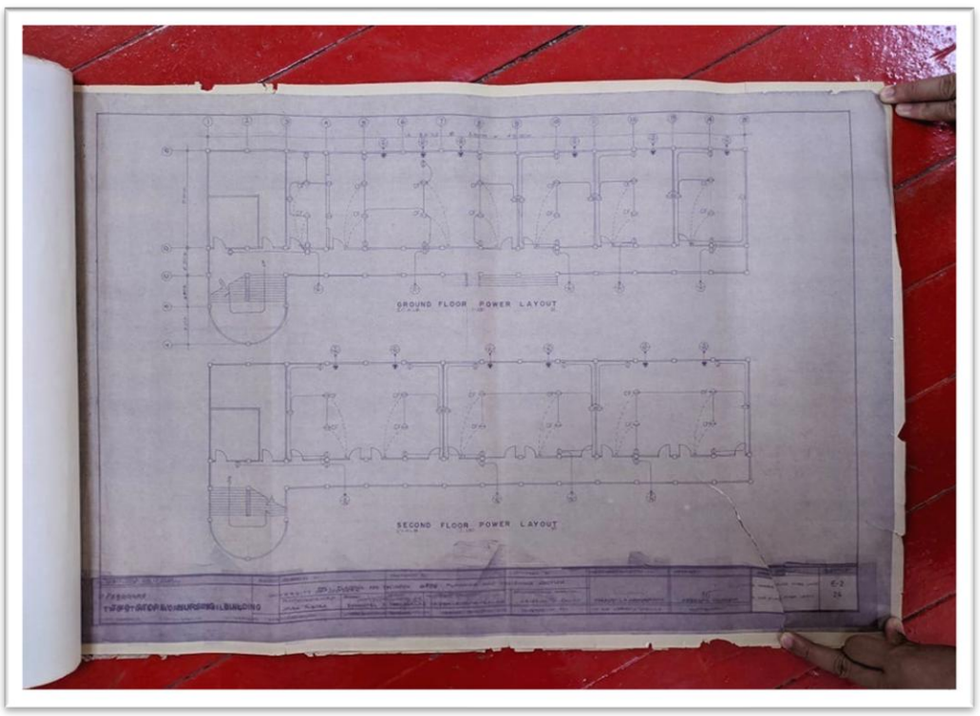
C. BUILDINGS

C.2. Evidence that Electrical Lines are Safely Installed and Periodically Checked

Circuit Breakers and Electrical Lines

Building Power and Lighting Layout





UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

BUILDING INSPECTION CHECKLIST

Name of Building : COLLEGE OF VETERINARY MEDICINE (ANNEX)
Year : 2024

Check Points	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Door Knobs		Ok		
Door		Ok		
Door Hinges		Ok		
Switches		Ok		
Convenience Outlet		Ok		
Lights		Ok		
Air-Con Unit		Ok		
Electric Meter		N/A		
Emergency Alarm		N/A		
Faucets		okay		
Water Closets		okay		
Lavatory		okay		
Floor Drain		okay		
Laboratory Shower		okay		
Water Meter		okay		
Windows		okay		
Panel Boards		Ok		
Circuit Breaker		Ok		
Inspected By:				

Semi-Annual

Check Points	1ST SEMESTER	2ND SEMESTER
Gutter		
Douwn Spouts		
Pipes		

Annual

Check Points	ANNUAL
Ceiling	
Painting	
Roof	

Remarks:

January

February

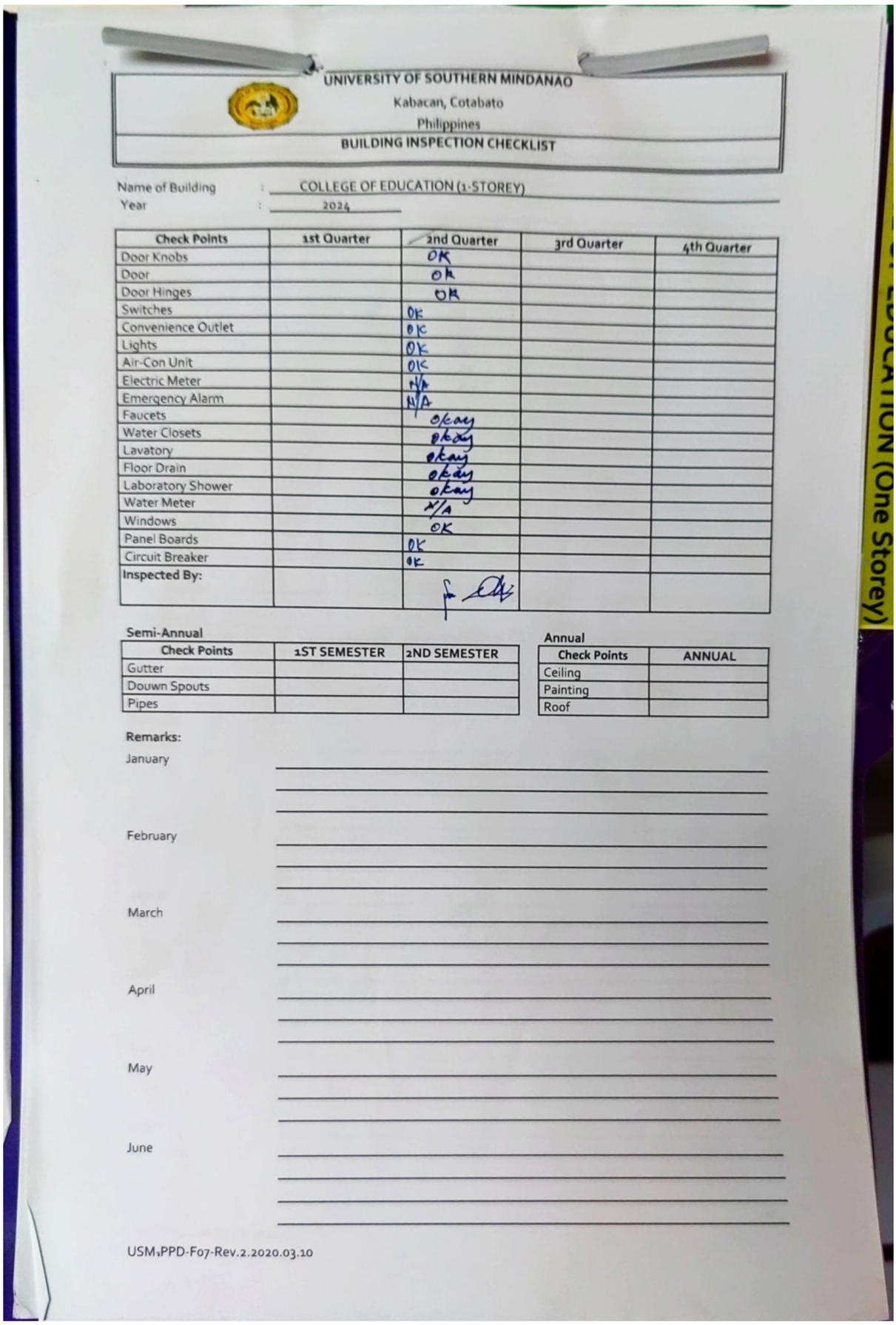
March

April

May

June

USM-PPD-F07-Rev.2.2020.03.10



UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

BUILDING INSPECTION CHECKLIST

Name of Building : COLLEGE OF EDUCATION (1-STOREY)
Year : 2024

Check Points	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Door Knobs		OK		
Door		OK		
Door Hinges		OK		
Switches		OK		
Convenience Outlet		OK		
Lights		OK		
Air-Con Unit		OK		
Electric Meter		N/A		
Emergency Alarm		N/A		
Faucets		okay		
Water Closets		okay		
Lavatory		okay		
Floor Drain		okay		
Laboratory Shower		okay		
Water Meter		N/A		
Windows		OK		
Panel Boards		OK		
Circuit Breaker		OK		
Inspected By:				

Semi-Annual

Check Points	1ST SEMESTER	2ND SEMESTER
Gutter		
Douwn Spouts		
Pipes		

Annual

Check Points	ANNUAL
Ceiling	
Painting	
Roof	

Remarks:

January

February

March

April

May

June

USM-PPD-F07-Rev.2.2020.03.10

EDUCATION (One Storey)

UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

BUILDING INSPECTION CHECKLIST

Name of Building : UNIVERSITY GUIDANCE CENTER
Year : 2024

Check Points	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Door Knobs		OK		
Door		OK		
Door Hinges		OK		
Switches		OK		
Convenience Outlet		OK		
Lights		OK		
Air-Con Unit		OK		
Electric Meter		For reconnection		
Emergency Alarm		OK		
Faucets		okay		
Water Closets		okay		
Lavatory		okay		
Floor Drain		okay		
Laboratory Shower		okay		
Water Meter		N/A		
Windows		OK		
Panel Boards		OK		
Circuit Breaker		OK		
Inspected By:				

Semi-Annual

Check Points	1ST SEMESTER	2ND SEMESTER
Gutter		
Douwn Spouts		
Pipes		

Annual

Check Points	ANNUAL
Ceiling	
Painting	
Roof	

Remarks:

January

February

March

April

May

June

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UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

BUILDING INSPECTION CHECKLIST

Name of Building : COLLEGE OF EDUCATION (MAIN)
Year : 2024

Check Points	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Door Knobs		OK		
Door		OK		
Door Hinges		OK		
Switches		OK		
Convenience Outlet		OK		
Lights		OK		
Air-Con Unit		OK		
Electric Meter		OK		
Emergency Alarm		OK		
Faucets		okay		
Water Closets		okay		
Lavatory		okay		
Floor Drain		okay		
Laboratory Shower		okay		
Water Meter		okay		
Windows		OK		
Panel Boards		OK		
Circuit Breaker		OK		
Inspected By:				

Semi-Annual

Check Points	1ST SEMESTER	2ND SEMESTER
Gutter		
Douwn Spouts		
Pipes		

Annual

Check Points	ANNUAL
Ceiling	
Painting	
Roof	

Remarks:

January

February

March

April

May

June

USM-PPD-F07-Rev.2.2020.03.10

UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

BUILDING INSPECTION CHECKLIST

Name of Building : COLLEGE OF SCIENCE & MATHEMATICS
Year : 2024

Check Points	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Door Knobs			4/101	
Door			4/101	
Door Hinges			16/404	
Switches			FUNCTIONAL	
Convenience Outlet			FUNCTIONAL	
Lights			FUNCTIONAL	
Air-Con Unit			FUNCTIONAL	
Electric Meter			FUNCTIONAL	
Emergency Alarm			FUNCTIONAL	
Faucets			FUNCTIONAL	
Water Closets			FUNCTIONAL	
Lavatory			FUNCTIONAL	
Floor Drain			FUNCTIONAL	
Laboratory Shower			FUNCTIONAL	
Water Meter			FUNCTIONAL	
Windows			FUNCTIONAL	
Panel Boards			FUNCTIONAL	
Circuit Breaker			FUNCTIONAL	
Inspected By:				

Semi-Annual

Check Points	1ST SEMESTER	2ND SEMESTER
Gutter		
Douwn Spouts		
Pipes		

Annual

Check Points	ANNUAL
Ceiling	
Painting	
Roof	

Remarks:

July

August

September
- DOORS (DELAPIDATE) NEED TO REPLACE
- REPLACE DOOR KNOBS
- PORTION OF CEILING TO BE REPAIR

October

November

December

USM-PPD-F07-Rev.2.2020.03.10

UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

BUILDING INSPECTION CHECKLIST

Name of Building : COLLEGE OF SCIENCE & MATHEMATICS
Year : 2024

Check Points	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Door Knobs			4/10/24	
Door			4/10/24	
Door Hinges			10/9/24	
Switches			FUNCTIONAL	
Convenience Outlet			FUNCTIONAL	
Lights			FUNCTIONAL	
Air-Con Unit			FUNCTIONAL	
Electric Meter			FUNCTIONAL	
Emergency Alarm			FUNCTIONAL	
Faucets			FUNCTIONAL	
Water Closets			FUNCTIONAL	
Lavatory			FUNCTIONAL	
Floor Drain			FUNCTIONAL	
Laboratory Shower			FUNCTIONAL	
Water Meter			FUNCTIONAL	
Windows			FUNCTIONAL	
Panel Boards			FUNCTIONAL	
Circuit Breaker			FUNCTIONAL	
Inspected By:				

Semi-Annual

Check Points	1ST SEMESTER	2ND SEMESTER
Gutter		
Douwn Spouts		
Pipes		

Annual

Check Points	ANNUAL
Ceiling	
Painting	
Roof	

Remarks:

July

August

September
- DOORS (DELAPIDATE) NEED TO REPLACE
- REPLACE DOOR KNOBS
- PORTION OF CEILING TO BE REPAIR

October

November

December

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UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

BUILDING INSPECTION CHECKLIST

Name of Building : OFFICE OF STUDENT AFFAIRS
Year : 2024

Check Points	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Door Knobs				3/8
Door				1/8
Door Hinges				4/292
Switches				FUNCTIONAL
Convenience Outlet				FUNCTIONAL
Lights				FUNCTIONAL
Air-Con Unit				FUNCTIONAL
Electric Meter				FUNCTIONAL
Emergency Alarm				FUNCTIONAL
Faucets				FUNCTIONAL
Water Closets				FUNCTIONAL
Lavatory				FUNCTIONAL
Floor Drain				FUNCTIONAL
Laboratory Shower				N/A
Water Meter				FUNCTIONAL
Windows				FUNCTIONAL
Panel Boards				FUNCTIONAL
Circuit Breaker				FUNCTIONAL
Inspected By:				

Semi-Annual

Check Points	1ST SEMESTER	2ND SEMESTER
Gutter		
Douwn Spouts		
Pipes		

Annual

Check Points	ANNUAL
Ceiling	REPAIR
Painting	RE-PAINT
Roof	REPAIR

Remarks:

July

August

September

October

November

December

- CEILING NEED TO REPAIR.
- REPAIR POOR LEAKS
- WALL TO BE REPAINT

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UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

BUILDING INSPECTION CHECKLIST

Name of Building : PHYSICAL PLANT DEVELOPMENT SERVICES
Year : 2026

Check Points	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Door Knobs	3/3			
Door	INTACT			
Door Hinges	FUNCTIONAL			
Switches	FUNCTIONAL			
Convenience Outlet	FUNCTIONAL			
Lights	FUNCTIONAL			
Air-Con Unit	FUNCTIONAL			
Electric Meter	FUNCTIONAL			
Emergency Alarm	FUNCTIONAL			
Faucets	FUNCTIONAL			
Water Closets	FUNCTIONAL			
Lavatory	FUNCTIONAL			
Floor Drain	FUNCTIONAL			
Laboratory Shower	N/A			
Water Meter	FUNCTIONAL			
Windows	INTACT			
Panel Boards	FUNCTIONAL			
Circuit Breaker	FUNCTIONAL			
Inspected By:				

Semi-Annual

Check Points	1ST SEMESTER	2ND SEMESTER
Gutter		
Douwn Spouts		
Pipes		

Annual

Check Points	ANNUAL
Ceiling	
Painting	
Roof	

Remarks:

January

February

March

April

May

June

USM-PPD-F07-Rev.2.2020.03.10

PRELIMINARY SURVEY VISIT

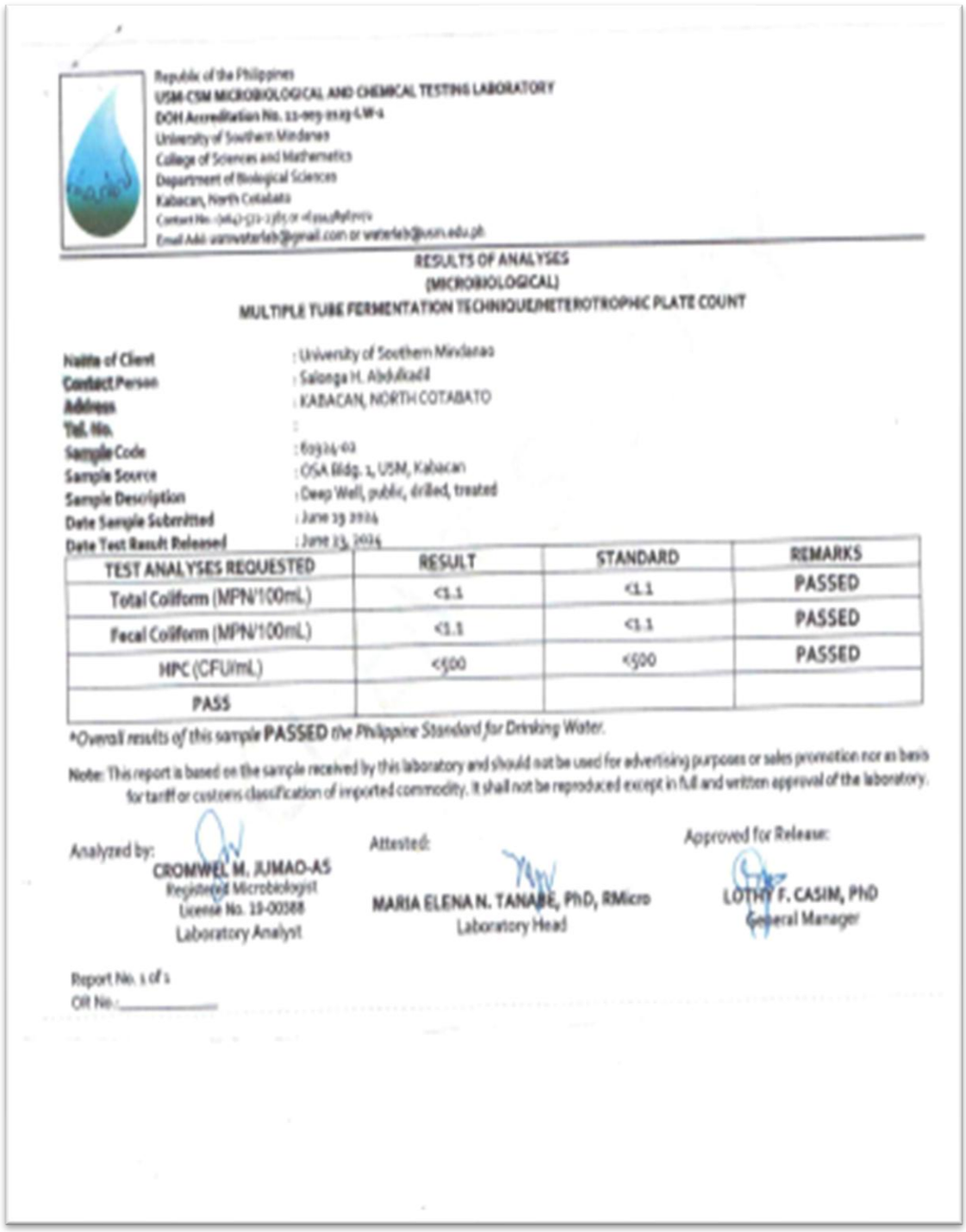
AREA VIII:

PHYSICAL PLANT AND FACILITIES

C. BUILDINGS

C.3. Schedule of Water Potability Testing and Pest Control Inspection

Water Potability Testing



Republic of the Philippines
USM-CSM MICROBIOLOGICAL AND CHEMICAL TESTING LABORATORY
DOH Accreditation No. 11-003-03 03-LW-1
University of Southern Mindanao
College of Sciences and Mathematics
Department of Biological Sciences
Kabacan, North Cotabato
Contact No.: (064)-531-1383 or 0935[illegible]
Email Add: usmwaterlab@gmail.com or waterlab@usm.edu.ph

RESULTS OF ANALYSES
(MICROBIOLOGICAL)
MULTIPLE TUBE FERMENTATION TECHNIQUE/HETEROTROPHIC PLATE COUNT

Name of Client : University of Southern Mindanao
Contact Person : Salonga H. Abdulkadil
Address : KABACAN, NORTH COTABATO
Tel. No. :
Sample Code : 603324-02
Sample Source : OSA Bldg. 1, USM, Kabacan
Sample Description : Deep Well, public, drilled, treated
Date Sample Submitted : June 19 2024
Date Test Result Released : June 23, 2024

TEST ANALYSES REQUESTED	RESULT	STANDARD	REMARKS
Total Coliform (MPN/100mL)	<1.1	<1.1	PASSED
Fecal Coliform (MPN/100mL)	<1.1	<1.1	PASSED
HPC (CFU/mL)	<500	<500	PASSED
PASS			

*Overall results of this sample **PASSED** the Philippine Standard for Drinking Water.

Note: This report is based on the sample received by this laboratory and should not be used for advertising purposes or sales promotion nor as basis for tariff or customs classification of imported commodity. It shall not be reproduced except in full and written approval of the laboratory.

Analyzed by:
CROMWELL M. JUMAO-AS
Registered Microbiologist
License No. 13-00588
Laboratory Analyst

Attested:
MARIA ELENA N. TANABE, PhD, RMicro
Laboratory Head

Approved for Release:
LOTHY F. CASIM, PhD
General Manager

Report No. 1 of 1
OR No.: _____

Republic of the Philippines
BIODEP WATER LABORATORY
DOH Accreditati 12-010-15-LW-1
University of South ndanao
College of Arts and Sciences
Department of Biological Sciences
Kabacan, North Cotabato
Tel. no. (064)-5722385

RESULT OF ANALYSES
(MICROBIOLOGICAL)
Multiple Tube Fermentation Technique/Heterotrophic Plate Count

Name of Client/Industry : USM WATER MONITORING
Address : USM CAMPUS KABACAN, COTABATO
Tel. No. : (064) 572-2385
Sample Code : 020818-01
Sample Source : CAS BUILDING
Sampling date : APRIL 17, 2018

TEST ANALYSES REQUESTED	RESULT	STANDARD
Total Coliform MPN/100Ml	<1.1	<1.1
Fecal Coliform MPN/100Ml	<1.1	<1.1

Remarks: **The sample passed the standard value of PNSDW for total coliform and fecal coliform.**

Note: This report is based on the sample(s) received by this office and should not be used for advertising purposes or sales promotion nor as basis for tariff or customs classification of imported commodity. It shall not be reproduced except in full and with written approval of the laboratory.

Analyzed by: Elma G. Sepelagio, RMT
Lic. No. 0028532
ELMA G. SEPELAGIO, RMT, MappSci.
Laboratory Analyst

Approved for Release:
MA. TEODORA N. CABASAN, Ph.D.
Department Chair

Attested:
MARIA ELENA N. TANABE, Ph.D.
Laboratory Head

Report No.: 1 of 3
OR No.: _____

Republic of the Philippines
BIODEP WATER LABORATORY
DOH Accreditati 12-010-15-LW-1
University of South ndanao
College of Arts and Sciences
Department of Biological Sciences
Kabacan, North Cotabato
Tel. no. (064)-5722385

RESULT OF ANALYSES
(MICROBIOLOGICAL)
Multiple Tube Fermentation Technique/Heterotrophic Plate Count

Name of Client/Industry : USM WATER MONITORING
Address : USM CAMPUS KABACAN, COTABATO
Tel. No. : (064) 572-2385
Sample Code : 020818-01
Sample Source : CAS BUILDING
Sampling date : MAY 22, 2018

TEST ANALYSES REQUESTED	RESULT	STANDARD
Total Coliform MPN/100Ml	<1.1	<1.1
Fecal Coliform MPN/100Ml	<1.1	<1.1

Remarks: **The sample passed the standard value of PNSDW for total coliform and fecal coliform.**

Note: This report is based on the sample(s) received by this office and should not be used for advertising purposes or sales promotion nor as basis for tariff or customs classification of imported commodity. It shall not be reproduced except in full and with written approval of the laboratory.

Analyzed by: Elma G. Sepelagio, RMT
Lic. No. 0028532
ELMA G. SEPELAGIO, RMT, MappSci.
Laboratory Analyst

Approved for Release:
MA. TEODORA N. CABASAN, Ph.D.
Department Chair

Attested:
MARIA ELENA N. TANABE, Ph.D.
Laboratory Head

Report No.: 1 of 3
OR No.: _____

Republic of the Philippines
BIODEP WATER LABORATORY
DOH Accreditation No. 12-0002-18-LW-1
University of Southern Mindanao
College of Arts and Sciences
Department of Biological Sciences
Kabacan, North Cotabato
Tel. No. (064)-572-2385

RESULTS OF ANALYSES
(MICROBIOLOGICAL)
MULTIPLE TUBE FERMENTATION TECHNIQUE

Name of Client : USM MONITORING
Address : UNIVERSITY OF SOUTHERN MINDANAO- KABACAN CAMPUS
Tel. No. : (064) 572-2385
Sample Code : 09042018-03
Sample Source : CAS CANTEEN
Sampling Date : JANUARY 22, 2019

TEST ANALYSES REQUESTED	RESULT	STANDARD
Total Coliform MPN/100mL	>16	<1.1
Fecal Coliform MPN/100mL	<1.1	<1.1
HPC CFU/mL	<1.0	<500

Remarks: **The sample collected did not pass the Standard Value of the Philippine Standard for Drinking Water for total coliform. However, it passed the standard for fecal coliform and heterotrophic plate count.**

Note: This report is based on the sample received by this laboratory and should not be used for advertising purposes or sales promotion nor as basis for tariff or customs classification of imported commodity. It shall not be reproduced except in full and written approval of the laboratory.

Analyzed by:

Elma G. Sepelagio, RMT
Lic. No. 0020532

ELMA G. SEPELAGIO, RMT
Laboratory Analyst

Approved for Released:

CHERIE C. MANGAOANG, PhD
General Manager

Attested:

MARIA ELENA N. TANABE, RM
Laboratory Head

Report No.2 of 2
OR No.:_____

Republic of the Philippines
BIODEP WATER LABORATORY
DOH Accreditation No. 12-0002-18-LW-1
University of Southern Mindanao
College of Arts and Sciences
Department of Biological Sciences
Kabacan, North Cotabato
Tel. No. (064)-572-2385

RESULTS OF ANALYSES
(MICROBIOLOGICAL)
MULTIPLE TUBE FERMENTATION TECHNIQUE/HETEROTROPHIC PLATE COUNT

Name of Client	: USM HOSPITAL
Contact Person	: EMILOU N. GALLARDO
Address	: USM COMPOUND, KABACAN, COTABATO
Contact No.	: 09483560756
Sample Code	: 04232019-08
Sample Source	: Nurse Station- Ward- USM Hospital
Sample Description	: Deep Well, Public, Drilled
Date Sample Submitted	: APRIL 23,2019
Date Test Result Released	: APRIL 26,2019

TEST ANALYSES REQUESTED	RESULT	STANDARD
Total Coliform MPN/100mL	<1.1	<1.1
Fecal Coliform MPN/100mL	<1.1	<1.1
HPC CFU/mL	<1.0	<500

Remarks: **The sample submitted passed the standard value of the Philippine Standard for Drinking Water for total coliform, fecal coliform and heterotrophic plate count.**

Note: This report is based on the sample received by this laboratory and should not be used for advertising purposes or sales promotion nor as basis for tariff or customs classification of imported commodity. It shall not be reproduced except in full and written approval of the laboratory.

Analyzed by: Elma G. Sepelagio, RMT
Lic. No. 0020532

ELMA G. SEPELAGIO, RMT
Laboratory Analyst

Approved for Released:

CHERIE C. MANGAOANG, PhD
General Manager

Attested:

MARIA ELENA N. TANABE, RM
Laboratory Head

Report No.6 of 6
OR No.:_____

Republic of the Philippines
BIODEP WATER LABORATORY
DOH Accreditation No. 12-0002-18-LW-1
University of Southern Mindanao
College of Arts and Sciences
Department of Biological Sciences
Kabacan, North Cotabato
Tel. No. (064)-572-2385

USM WATER MONITORING
RESULTS OF ANALYSES
(MICROBIOLOGICAL)
MULTIPLE TUBE FERMENTATION TECHNIQUE/HETEROTROPHIC PLATE COUNT

Name of Client : CHARLIE F. CABASAG
Address : WATER SECTION PPDS, USM CAMPUS, KABACAN, COT
Contact No. : 09106318678
Sample Code : 09232019-02
Sample Source : PUMP #2, USM CAMPUS, KABACAN, COTABATO
Sample Description : Deep Well, Public, Drilled, Treated Water
Date Sample Submitted : SEPTEMBER 23, 2019
Date Test Result Released : SEPTEMBER 27, 2019

TEST ANALYSES REQUESTED	RESULT	STANDARD
Total Coliform MPN/100mL	<1.1	<1.1
Fecal Coliform MPN/100mL	<1.1	<1.1
HPC CFU/mL	1	<500

Remarks: **The sample submitted passed the standard value of the Philippine Standard for Drinking Water for total coliform, fecal coliform and heterotrophic plate count.**

Note: This report is based on the sample received by this laboratory and should not be used for advertising purposes or sales promotion nor as basis for tariff or customs classification of imported commodity. It shall not be reproduced except in full and written approval of the laboratory.

Analyzed by:
Elma G. Sepelagio, RMT
Lic. No. 0021532
ELMA G. SEPELAGIO, RMT
Laboratory Analyst

Approved for Release:
CHERIE C. MANGAOANG, PhD
General Manager

Attested:
MARIA ELENA N. TANABE, RM
Laboratory Head

Report No.1 of 2
OR No.:_____

Republic of the Philippines
BIODEP WATER LABORATORY
DOH Accreditation No. 12-0002-18-LW-1
University of Southern Mindanao
College of Arts and Sciences
Department of Biological Sciences
Kabacan, North Cotabato
Tel. No. (064)-572-2385

USM WATER MONITORING
RESULTS OF ANALYSES
(MICROBIOLOGICAL)
MULTIPLE TUBE FERMENTATION TECHNIQUE/HETEROTROPHIC PLATE COUNT

Name of Client	: CHARLIE F. CABASAG
Address	: WATER SECTION PPDS, USM CAMPUS, KABACAN, COT
Contact No.	: 09106318678
Sample Code	: 09232019-03
Sample Source	: PUMP #3, USM CAMPUS, KABACAN, COTABATO
Sample Description	: Deep Well, Public, Drilled, Treated Water
Date Sample Submitted	: SEPTEMBER 23, 2019
Date Test Result Released	: SEPTEMBER 27, 2019

TEST ANALYSES REQUESTED	RESULT	STANDARD
Total Coliform MPN/100mL	>16	<1.1
Fecal Coliform MPN/100mL	<1.1	<1.1
HPC CFU/mL	11	<500

Remarks: **The sample submitted did not pass the standard value of the Philippine Standard for Drinking Water for total coliform. However, it passed the standard for fecal coliform and heterotrophic plate count.**

Note: This report is based on the sample received by this laboratory and should not be used for advertising purposes or sales promotion nor as basis for tariff or customs classification of imported commodity. It shall not be reproduced except in full and written approval of the laboratory.

Analyzed by:
Elma G. Sepelagio, RMT
Lic. No. 0005532
ELMA G. SEPELAGIO, RMT
Laboratory Analyst

Approved for Release:
CHERIE C. MANGAOANG, PhD
General Manager

Attested:
MARIA ELENA N. TANABE, RM
Laboratory Head

Report No.2 of 2
OR No.:_____

Pest Science Corporation
"Bringing Science & Service Together"
Office: Del Pilar/Betjiyams Bldg. #3, Km 5, Buhangin, Davao City Tel: 286-0394 – 293-3973

iversity of Southern Mindanao
ıacan, Cotabato
0 Philippines

SUBJECT: TERMITE CONTROL SERVICES CONDUCTED AT University of Southern Mindanao KAB BIO TECH. BLDG. & USMARC Admin. Bldg.

Conducted a Termite Abatement Maintenance Program (TAMP) using conventional method to elimina colonies in the areas as well as the termites itself.

TERMITE CONTROL (CONVENTIONAL METHOD)

INTERIOR TREATMENT:

1. Surface Spraying (SS)

   This service is deigned to control surface infestation through application of contact spray on woc of the building. Using MAXXTHORR, a Chlorpyrifos compound chemical that effectively k pest on contact also provide a long lasting residual effect against termite, we spray the infested infested wood portions in the building concentrating on double wall panel, baseboards and door these may be the potential entry point of termites. The concentrated chemical will be diluted t 20 cc per liter before applying it to the infested areas. This type of service is accomplished by u shoulder sprayer. Application of solution to the target area shall be at run off point.

   Frequency: as required or once during the initial treatment.

EXTERNAL TREATMENT
Soil Treatment (Cordoning Method/trenching)

is service is designed to prevent the subterranean termites from damaging the nearby wood inside of the bu vention is done by the application of termicide solution through cordoning, trenching and direct soil ection/spray around the perimeter of the building to control termites attempting to gain entry through soil. termites in the building at the time of treatment, they cannot safely return to their central colony nest in th obtain moisture essential for their survival and to feed and groom the nymph (young termites) the king and een and the other termites. Where direct access to the ground is not possible,

Frequency: Once during the initial treatment

AL FOOTAGEs OF the Treatment conducted at BIO TECH BLDG.

ical Used:

Maxxthor - is a professional strength, multi-purpose termiticide and insecticide formulated as a wat suspension concentrate. If you could only have one product it would have to be **MAXXTHOR.** Th choice for general insect control and termite management - INDOORS and OUTDOORS. No odo performance, and Long-term residual action; complete with all the safety features you demand - GUARA Was the first, professional strength (100g/L bifenthrin) water-based concentrate to be submitted to the true indication of Ensystex's innovation and leadership.
a high-performance, long-lasting insecticide that provides control of termites, spiders, ants, cockroach wide range of other insect pests, when applied in an approved manner by your licensed, professic manager.
a pyrethroid insecticide. This means it is modelled on pyrethrum which is a natural extract of the p daisy.

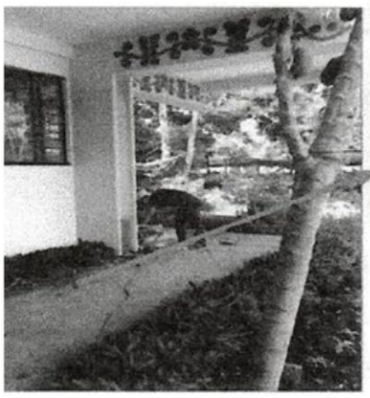
on:

10ml of chemical (Maxxthor) to 1 liter of H20

Inspection and treatment at ceiling area for possible termites' infestation.

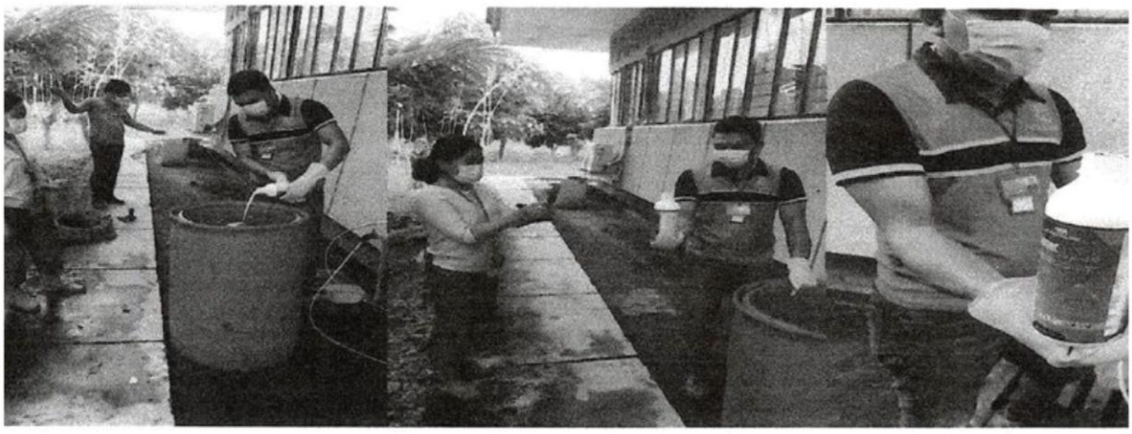
- **Trenching/Cordon treatment at perimeter area of BioTech building to deny entry points of term**



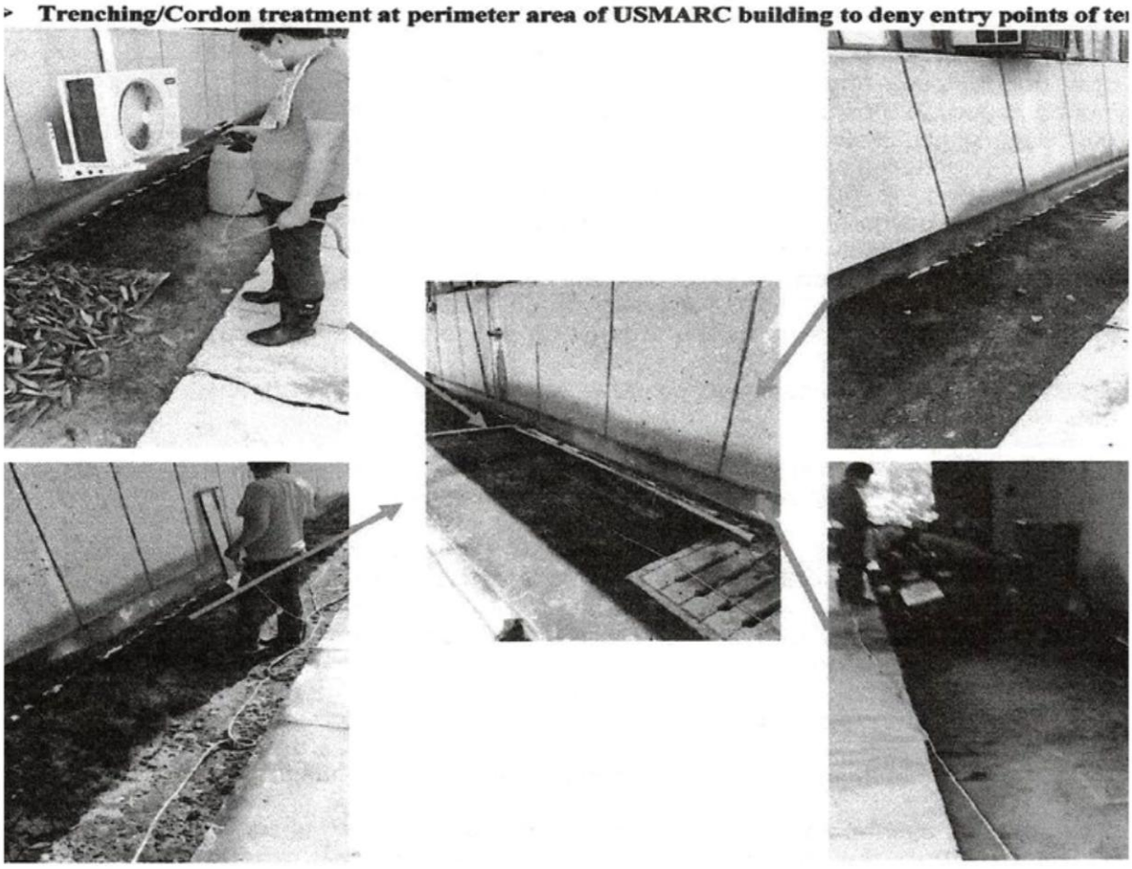



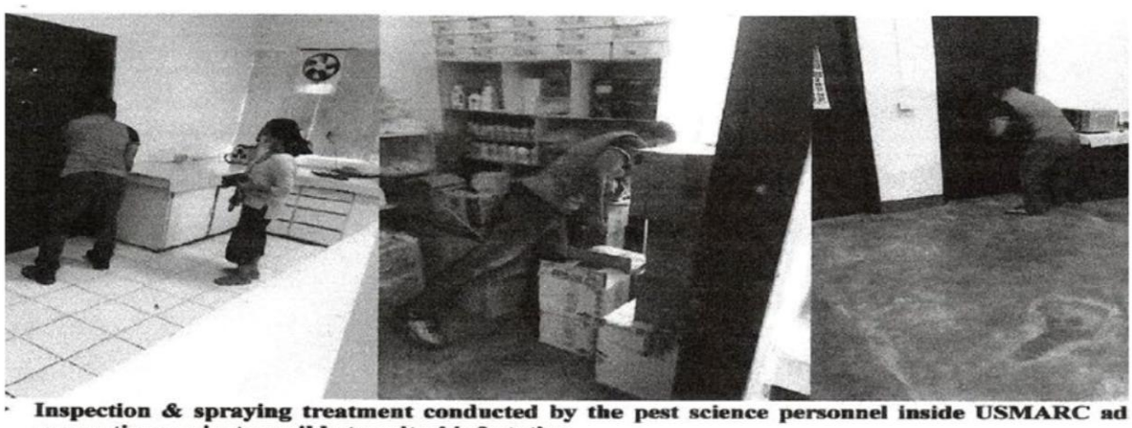
- **Inspection & spraying treatment conducted by the pest science personnel inside Bio Tech areas against possible termites' infestation.**

UAL FOOTAGEs OF the Treatment conducted at USMARC Admin. Bldg.



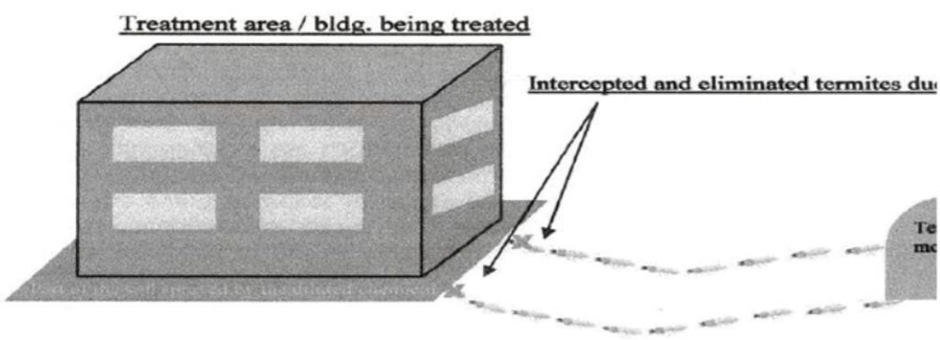
- **Trenching/Cordon treatment at perimeter area of USMARC building to deny entry points of te**





Inspection & spraying treatment conducted by the pest science personnel inside USMARC ad prevention against possible termites' infestation.

HOW IT WORKS!!



s of soil treatment:

Less disruptive - Significantly less intrusion and aesthetic disruption (i.e. moving furniture, removing carpet, drilling of finished floor side your home.

More environmentally friendly – application of material is localized to strategic areas which reduce the total amount of material use

Better for your home and family - restricts the use of treatment materials inside your home (in living spaces) to a fractional amount mpared to traditional conventional treatment.

NK YOU FOR TRUSTING OUR SERVICES.

ld you have further queries or concern, please do not hesitate to contact us.

Science Corporation
loor # 3 Bettjiyam's/Del Pilar Bldg.,K.m 5, Buhangin, Davao City
lo. 286-0394 / 293 - 3973
l: pestscience_davao@yahoo.com
ite: www.pestsciencecorp.com

"Rest assured that continuous effort shall be made to justify your confidence in our service."

ctfully yours,
C. **LOZADA**
ch Manager

Office: Door 3 Del Pilar Betjjyams Bldg.Km. 5, Buhangin, Davao City
Tel# 286-0394 /293-3973
Email: davao@pest-science.com or pestscience_davao@yahoo.com

December 9, 2020

Subject : After Service Plan at University of Southern Mindanao.

In line with your request for an after service actions/plans.

I. After the service (Conventional Termite Control) conducted last November 28, 2020 areas (Bio Tech. Bldg. & USMARC Admin Bldg.), we give a guarantee of **2 years** w of service,

- The 1st year will be a quarterly thorough inspection on the site/areas treated f possible termite re-infestation in the near future and,
- The next year will be a per call basis for possible termite infestation.

Date of Inspection	Frequency Of Service	areas to be inspect
March 2021	once	Bio Tech. & USMAF
June 2021	once	Bio Tech. & USMAF
September 2021	once	Bio Tech. & USMAF
December 2021	once	Bio Tech. & USMAF

II. If ever termite sighting & infestations re-occurred PEST SCIENCE CORPORATION conduct a Termite Control Services with ***no additional charges.***

THANK YOU FOR TRUSTING OUR SERVICES

Should you have further queries or concern, please do not hesitate to contact us.

Pest Science Corporation
G/F dorr #3 Betjjyams Del Pilar Bldg., Km. 5, Buhangin, Davao City
Tel No.: 286 – 0394 / 293 – 3973
Email: pestscience_davao@yahoo.com
Website: www.pestsciencecorp.com

"Rest assured that continuous effort shall be made to justify your confidence in our service."

Conformee:
PEST SCIENCE CORPORATION
Company Name

Arturo C. Lozada
Name & Signature of the Authorized Representative

PRELIMINARY SURVEY VISIT

AREA VIII:

PHYSICAL PLANT AND FACILITIES

C. BUILDINGS

C.4. PDF of the Janitorial Staff, including Work Schedule

PDF of Janitorial Staff

CS Form No. 212

Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal cases against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes ( ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CSID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	EBPARAGOZA
FIRST NAME	ROY
MIDDLE NAME	MAGTULIS
3. DATE OF BIRTH (mm/dd/yyyy)	11/8/1975
4. PLACE OF BIRTH	SUNRISE USM KABACAN COTABATO
5. SEX	☑ Male ☐ Female
6. CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:
7. HEIGHT (m)	1.68
8. WEIGHT (kg)	68
9. BLOOD TYPE	AB
10. GSIS ID NO.	N/A
11. PAG-IBIG ID NO.	N/A
12. PHILHEALTH NO.	N/A
13. SSS NO.	N/A
14. TIN NO.	279-876-084
15. AGENCY EMPLOYEE NO.	05-0-2007
16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☑ by birth ☐ by naturalization If holder of dual citizenship, please indicate the details. Pls. indicate country: Philippines
17. RESIDENTIAL ADDRESS	House/Block/Lot No.: — Street: PLANG VILLAGE II — Subdivision/Village: POBLACION — Barangay: KABACAN — City/Municipality: COTABATO — Province: — ZIP CODE: 9407
18. PERMANENT ADDRESS	House/Block/Lot No.: — Street: PLANG VILLAGE II — Subdivision/Village: POBLACION — Barangay: KABACAN — City/Municipality: COTABATO — Province: — ZIP CODE: 9407
19. TELEPHONE NO.	N/A
20. MOBILE NO.	09974889483
21. E-MAIL ADDRESS (if any)	N/A

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	EBPARAGOZA	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	FELICIDAD	EBPARAGOZA, FEROLYN C.	02/6/1998
MIDDLE NAME	COMANIA	EBPARAGOZA, SHEENA MEA C.	8/8/2000
OCCUPATION	HOUSEKEEPING	EBPARAGOZA, RIZZA C.	5/14/2002
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	DECEASED		
FIRST NAME			
MIDDLE NAME			
25. MOTHER'S MAIDEN NAME	DECEASED		
SURNAME			
FIRST NAME			
MIDDLE NAME		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE From	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	USM ANNEX CENTRAL ELEMENTARY SCHOOL	PRIMARY SCHOOL	1980	1985	GRADUATED	1985	N/A
SECONDARY	MATALAM INSTITUTE SCIENCE AND TECHNOLOGY	HIGH SCHOOL	1990	1995	UNGRADUATED		N/A
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE		CSFORM212 (Revised 2017), Page 1 of 4

IV. CIVIL SERVICE ELIGIBILITY

27. CAREER SERVICE (RA 1080 (BOARD/BAR) UNDER SPECIAL LAWS / CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (If applicable)	
				NUMBER	Date of Validity
N/A					

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

Include private employment. Start from your most recent work. Description of duties should be indicated in the attached Work Experience sheet.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0") INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
From	To						
2023	PRESENT	JANITOR	ISPEAR	7,329		J.O	Y
12/1/2006	2023	JANITOR	HOSTEL	7,329.00		J.O	Y

(Continue on separate sheet if necessary)

SIGNATURE		DATE		CS FORM 212 (Revised 2017), Page 3 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS				
26. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) From	To	NUMBER OF HOURS	POSITION / NATURE OF WORK
N/A				
(Continue on separate sheet if necessary)				

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Civil Service Chief Executive/Senior Officials and Managerial positions)					
27. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From	To	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc.)	CONDUCTED/SPONSORED BY (Write in full)
(Continue on separate sheet if necessary)					

VIII. OTHER INFORMATION		
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
CLEANING	N/A	N/A
(Continue on separate sheet if necessary)		
SIGNATURE	DATE	CSFORM 212 (Revised 2017), Page 3 of 4

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☒ NO ☐ YES ☒ NO If YES, give details:
35. a. Have you ever been found guilty of any administrative offense?	☐ YES ☒ NO If YES, give details:
b. Have you been criminally charged before any court?	☐ YES ☒ NO If YES, give details: Date Filed: Status of Case/s:
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☒ NO If YES, give details:
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	☐ YES ☒ NO If YES, give details:
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	☐ YES ☒ NO If YES, give details: ☐ YES ☒ NO If YES, give details:
39. Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☒ NO If YES, give details (country):
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	☐ YES ☒ NO If YES, please specify: ☐ YES ☒ NO If YES, please specify ID No: ☐ YES ☒ NO If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)

NAME	ADDRESS	TEL. NO.
NORSED . MARTINEZ	USM HOUSING KABACAN	
CHEEZE R. JANITO	BMP II USM KABACAN COTABATO	

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head / authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal cases against me.

ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)

With full and handwritten name tag and signature over printed name

Computer generated or photocopied picture is not acceptable

PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	EMPLOYEE ID
ID/License/Passport No.:	05-02007
Date/Place of Issuance:	USM KABACAN COTABATO Gsleb

Signature (Sign inside the box)

JANUARY 20, 2025

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath

CS FORM 212 (Revised 2017), Page 4 of 4

CS Form No. 212

Revised 2017

PERSONAL DATA SHEET

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Print legibly. Tick appropriate boxes ( ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	SOLAIMAN		
FIRSTNAME	JOLCAREM	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CANDAY		
3. DATE OF BIRTH (mm/dd/yyyy)	5/5/2001	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship
4. PLACE OF BIRTH	ARINGAY KABACAN COTABATO	If holder of dual citizenship, please indicate the details.	☑ By birth ☐ By naturalization
5. SEX	☑ Male ☐ Female		Pls. indicate country: Philippines
6. CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. — Street: ARINGAY; Subdivision/Village — Barangay: KABACAN; City/Municipality — Province: COTABATO; ZIP CODE: 9407
7. HEIGHT (m)	1.86		
8. WEIGHT (kg)	55		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. — Street: ARINGAY; Subdivision/Village — Barangay: KABACAN; City/Municipality — Province: COTABATO; ZIP CODE: 9407
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	842-189-860	20. MOBILE NO.	09369047864
15. AGENCY EMPLOYEE NO.	23-040011	21. EMAIL ADDRESS (if any)	N/A

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	SOLAIMAN		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRSTNAME	NORAISA	NAME EXTENSION (JR., SR)	BAIAFRIA B. SOLAIMAN	6/22/2026
MIDDLE NAME	BALET			
OCCUPATION	HOUSEKEEPING			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	SOLAIMAN			
FIRSTNAME	LASIB	NAME EXTENSION (JR., SR)		
MIDDLE NAME	KADINGLAN			
25. MOTHER'S MAIDEN NAME				
SURNAME	CANDAY			
FIRSTNAME	NIDA			
MIDDLE NAME	PUASA		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE From	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	ARINGAY ELEMENTARY SCHOOL	GRADUATED	2009	2014	GRADUATED	2014	N/A
SECONDARY	ARINGAY NATIONAL HIGH SCHOOL	GRADUATED	2014	2018	GRADUATED	2018	N/A
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE		CS FORM 212 (Revised 2017), Page 1 of 4

IV. CIVIL SERVICE ELIGIBILITY

27. CAREER SERVICE (RA 1080 (BOARD/BAR) UNDER SPECIAL LAWS / CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (If applicable)	
				NUMBER	Date of Validity
N/A					

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SG (if GOVT JOB / PRIVATE apply under SG & STEP (Format "00-0") INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From	To						
		N/A					

(Continue on separate sheet if necessary)

SIGNATURE		DATE		CS FORM 212 (Revised 2017), Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

26. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) From	To	NUMBER OF HOURS	POSITION / NATURE OF WORK
N/A				

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

Start from the most recent. L&D training programs and include only the relevant L&D training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

28. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From	To	NUMBER OF HOURS	Type of L&D (Managerial/ Supervisory/ Technical/etc.)	CONDUCTED/ SPONSORED BY (Write in full)
N/A					

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
CLEANING	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE		CS FORM 212 (Revised 2017), Page 3 of 4

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:
35. a. Have you ever been found guilty of any administrative offense?	☐ YES ☑ NO If YES, give details:
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	☐ YES ☑ NO If YES, give details:
b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	☐ YES ☑ NO If YES, give details:
39. Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☑ NO If YES, give details (country):
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)

NAME	ADDRESS	TEL. NO.
NORGE D. MARTINEZ	USM HOUSING KABACAN	248-2308

ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size)

With full and handwritten name tag and signature over printed name

Computer generated or photocopied picture is not acceptable

PHOTO

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head / authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	EMPLOYEE ID
ID/License/Passport No.:	23-04011
Date/Place of Issuance:	USM KABACAN COTABATO

Signature (Sign inside the box)

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath

CS Form No. 212

Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal cases against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes ( ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	BALAYMAN		
FIRSTNAME	RASUL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	DANGAN		
3. DATE OF BIRTH (mm/dd/yyyy)	10/4/1978	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☑ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	BULUAN MAGUINDANAO	If dual citizenship, please indicate the details.	
5. SEX	☑ Male ☐ Female		
6. CIVIL STATUS	☑ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No.: — Street: — PLANG VILLAGE II — POBLACION Subdivision/Village — Barangay KABACAN — COTABATO City/Municipality — Province
7. HEIGHT (m)	1.82	ZIP CODE	
8. WEIGHT (kg)	70		
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	House/Block/Lot No.: — Street: — PLANG VILLAGE II — POBLACION Subdivision/Village — Barangay KABACAN — COTABATO City/Municipality — Province
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	1210-8862-7847		
12. PHILHEALTH NO.	4206-8883-2980-8230	ZIP CODE	9407
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	908-888-648-000	20. MOBILE NO.	09383747289
15. AGENCY EMPLOYEE NO.	08-01760	21. EMAIL ADDRESS (if any)	Zandres1809@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRSTNAME		NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME			
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	BALAYMAN		
FIRSTNAME	GINANDALAN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	CINAPANG		
25. MOTHER'S MAIDEN NAME			
SURNAME	BALAYMAN		
FIRSTNAME	WAHDA		
MIDDLE NAME	ANTILINO	(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE From	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	BULUAN ELEMENTARY SCHOOL	PRIMARY SCHOOL	1985	1991	GRADUATED	1991	
SECONDARY							
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE		CS FORM 212 (Revised 2017), Page 1 of 4

IV. CIVIL SERVICE ELIGIBILITY

37. CAREER SERVICE/ RA 1080 (BOARD/BAR)/ UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (If applicable)	
				NUMBER	Date of Validity
N/A					

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your most recent work) Description of duties should be indicated in the attached Work Experience sheet.

38. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	(Salary/Job/Pay Grade (if applicable)/Step (if applicable)/Increment (Format "00-0"/Step Increment)	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From	To						
01/10/2013	PRESENT	JANITOR	UNIVERSITY OF SOUTHERN MINDANAO	7350.00		CONTRACTUAL	YES
8/1/1994	3/10/2013	JANITOR	UNIVERSITY OF SOUTHERN MINDANAO			CONTRACTUAL	YES

(Continue on separate sheet if necessary)

SIGNATURE		DATE		CS FORM 212 (Revised 2017) Page 3 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

26. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) From	To	NUMBER OF HOURS	POSITION / NATURE OF WORK
N/A				

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

Start from the most recent L&D training program and include only the relevant L&D training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From	To	NUMBER OF HOURS	Type of L&D (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
LIBRARY ENHANCE S UMMER PROGRAM 2016	30/05/2016	03/06/2016	32	MANAGERIAL	MAT, DAVAO ORIENTAL
LIBRARY STAFF ENHANCE MENT PROGRAM PHASE II WITH THE THEME: "STRATEGIZING INFORMATION PROFESSIONALS IN LIBRARIANS	26/05/2012	31/05/2012	32	MANAGERIAL	RSUG, SURIGAO CITY
LIBRARY STAFF ENHANCE MENT PROGRAM WORKSHOP	25/05/2016	26/05/2016	32	MANAGERIAL	AVR LRC, UNIVERSITY OF SOUTHERN MINDANAO, KABACAN COTABATO
2ND STAFF ENHANCEMENT PROGRAM WORKSHOP	30/05/2010	02/06/2010	32	MANAGERIAL	UNIVERSITY OF SOUTHERN MINDANAO
LIBRARY STAFF ENHANCEMENT PROGRAM WORKSHOP	10/06/2007	16/01/2007	16	MANAGERIAL	
BASIC CUSTUMER SERVICE SKILLS	11/01/2007	11/21/2008	8	MANAGERIAL	HUMAN RESOURCE MANAGEMENT OFFICE

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
CLEANING	NA	UGMECO MEMBER
MONITORING		

(Continue on separate sheet if n necessary)

SIGNATURE		DATE		CS FORM No. 212 (Revised 2017), Page 3 of 4

34.	Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☐ NO ☐ YES ☒ NO If YES, give details:
35.	a. Have you ever been found guilty of any administrative offense?	☐ YES ☒ NO If YES, give details:
	b. Have you been criminally charged before any court?	☐ YES ☒ NO If YES, give details: Date Filed: Status of Cases:
36.	Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☒ NO If YES, give details:
37.	Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	☐ YES ☒ NO If YES, give details:
38.	a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	☐ YES ☒ NO If YES, give details: ☐ YES ☒ NO If YES, give details:
39.	Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☒ NO If YES, give details (country):
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	☐ YES ☒ NO If YES, please specify: ☐ YES ☒ NO If YES, please specify ID No: ☐ YES ☒ NO If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)

NAME	ADDRESS	TEL. NO.
SORNITO, ANIT C.	USM, KABACAN COTABATO	
MARTINEZ, NORGIE D.	USM, KABACAN COTABATO	248-2308
MARTINEZ, SUSAN S.	USM, KABACAN COTABATO	248-2308

PHOTO

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head / authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal cases against me.

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		
Government Issued ID:	EMPLOYEE ID	
ID/License/Passport No.:	06-01750	
Date/Place of Issuance:	USM KABACAN COTABATO	
	Signature (Sign inside the box)	Right Thumbmark
	JANUARY 20, 2026	
	Date Accomplished	

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath

JANITORIAL STAFF INCLUDING WORK SCHEDULE

NAMES	DAILY TASKS	WEEKLY TASKS	MONTHLY TASKS	WORK SCHEDULE	AREA OF ASSIGNMENT
JANE MAE S. MARTINEZ	a.) 7s maintain the cleanliness of the ISPEAR Dean's office and its vicinity. b.) Received and deliver INC's, substitutions and validations. c.) Encode ISPEAR docs, e.g. memo, communication, endorsements, etc. d.) Other tasks to be done as requested by the Dean.	a.) Prepare travel orders and itinerary of travels. b.) Deliver important docs to admin and follow-up the same. c.) Photocopy ISPEAR docs if necessary. d.) Prepare liquidations, vouchers and reimbursements.	a.) Follow-up docs to admin and follow-up the same (e.g. PR's, T.O' s, vouchers) b.) Canvass, liquidations and reimbursements c.) Received and deliver DTR d.) Other task to be done as requested by the ISPEAR Dean and faculty concern.	8:00 am- 5:00 pm	ISPEAR
ROMEO COMAÑA	a.) Maintain the cleanliness and surroundings of the Auditorium. b.) Maintain the cleanliness of the different offices of the Auditorium. c.) Maintain the cleanliness of the comfort rooms. d.) Sweep in front of the Auditorium	a.) Bayanihan b.) Perform tasks as assigned by the Dean.	a.) Mowering the vicinity of the Auditorium. b.) Mowering the vicinity of the ISPEAR Department. c.) Perform tasks as assigned by the Dean	6:30 am -10:30 am 2:00 pm-6:00 pm	AUDITORUIM
ROY M. ESPARAGOZA				6:30 am -10:30 am 2:00 pm-6:00 pm	AUDITORUIM
RASUL D. BALAYMAN				6:30 am -10:30 am 2:00 pm-6:00 pm	GYMNASIUM
JOLCAREM S. SOLAIMAN				6:30 am -10:30 am 2:00 pm-6:00 pm	GYMNASIUM

Prepared By:

EDUARDO S. SUMERA
Facilitator

Approved by:

NORGE D. MARTINEZ
Dean, ISPEAR