



PRELIMINARY SURVEY VISIT



University of Southern Mindanao

AREA VIII: 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.

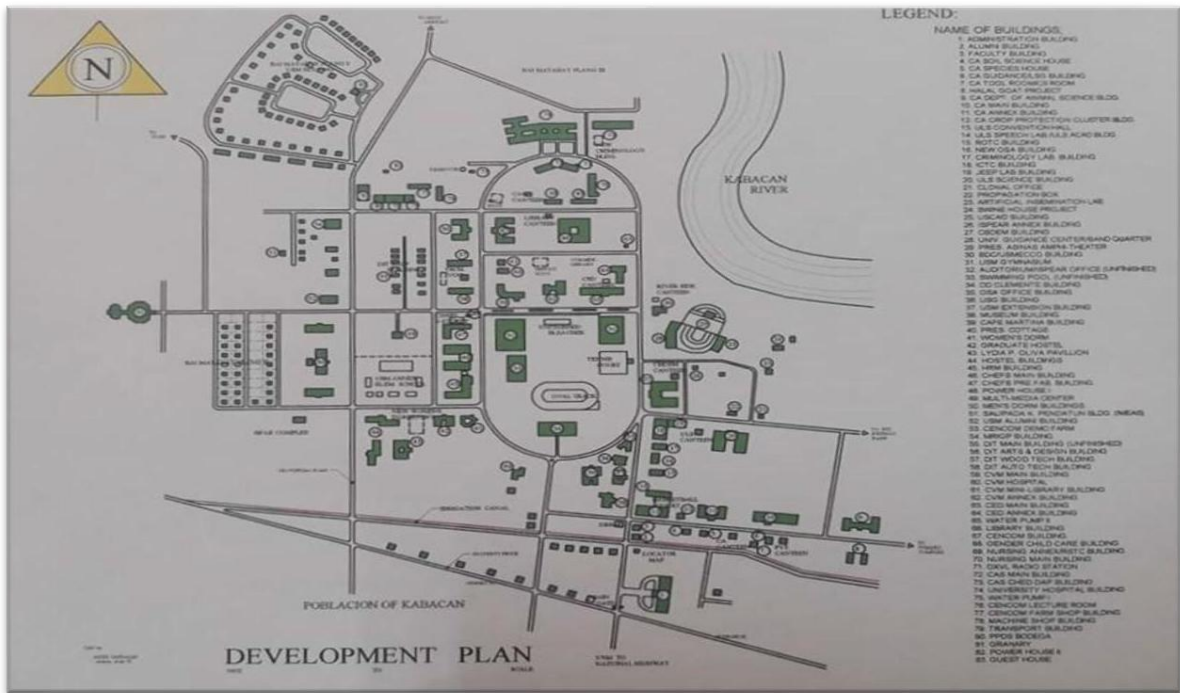
SECTION 104. General Building Requirements

- (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

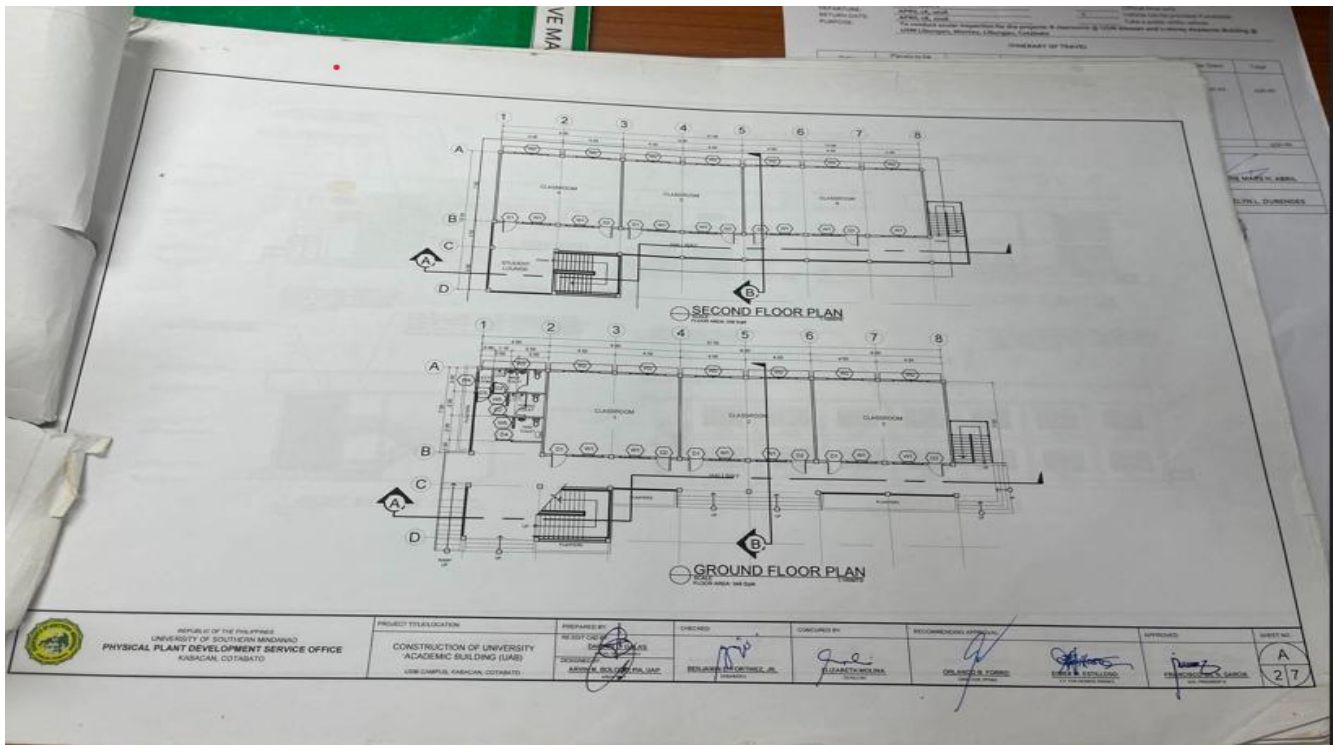




University of Southern Mindanao

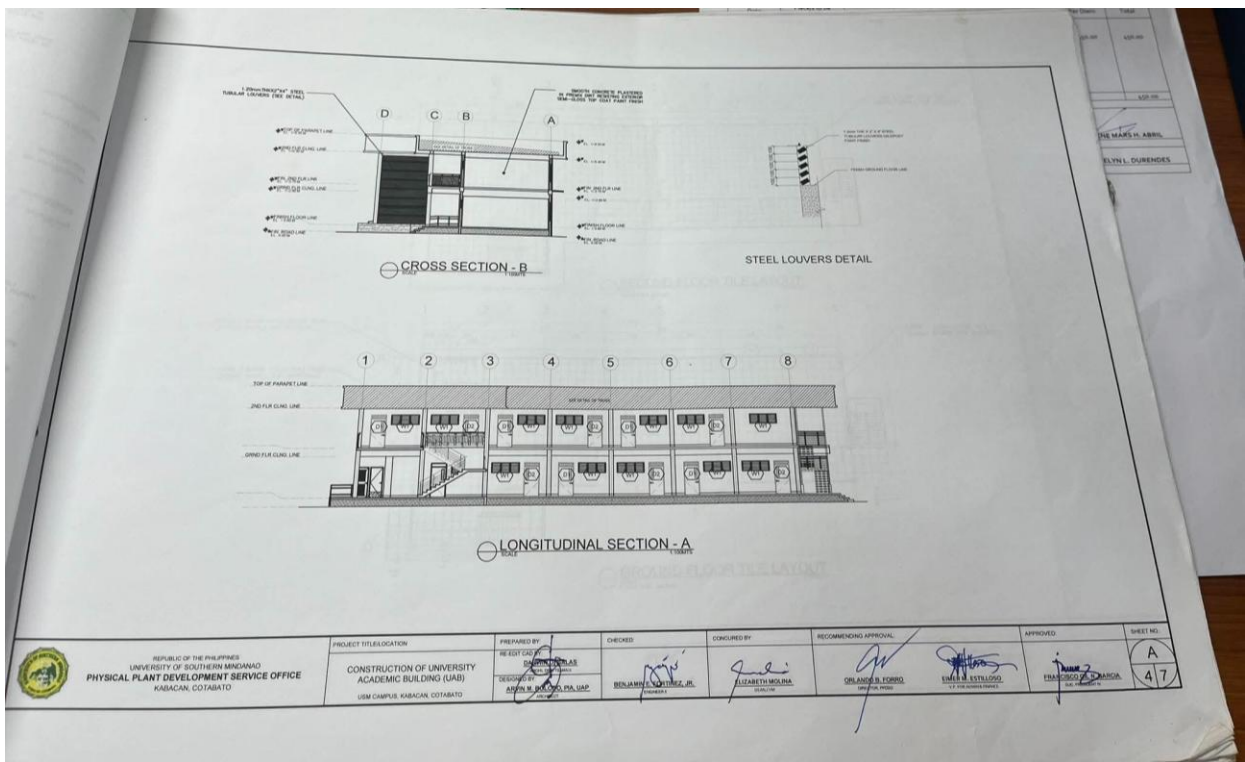
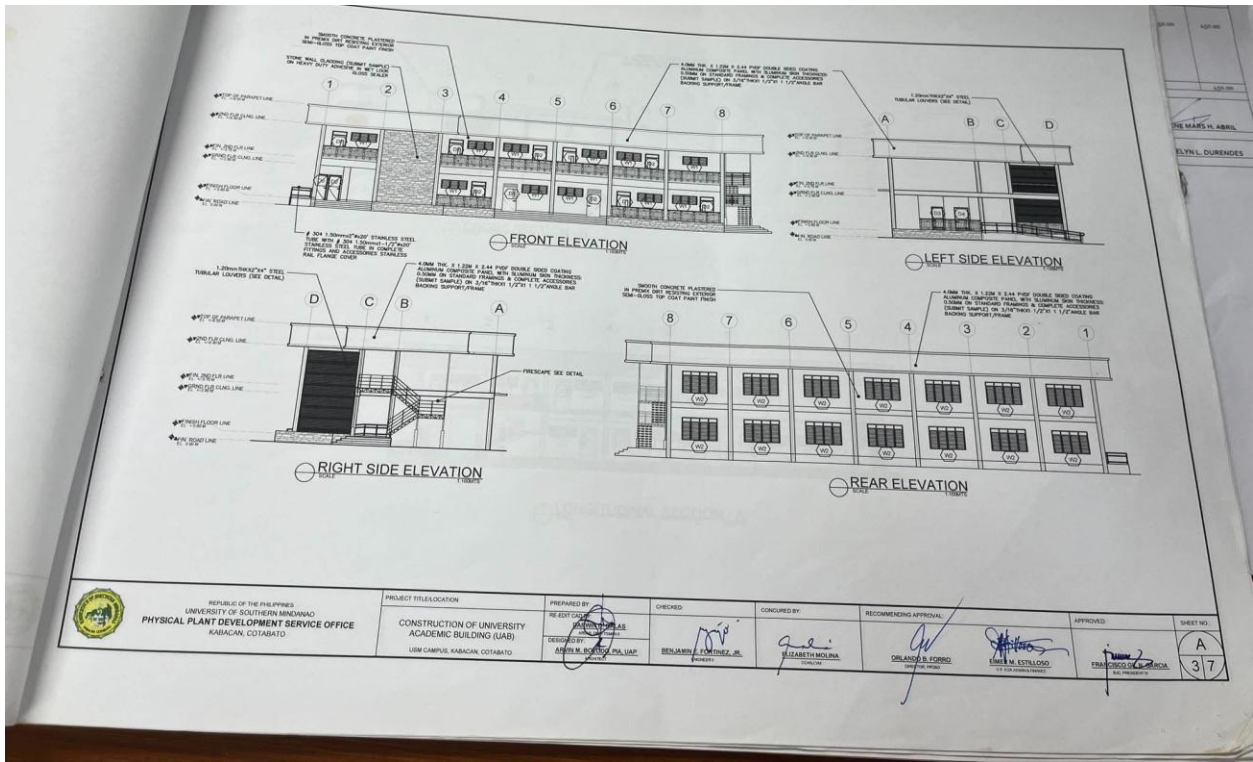
AREA VIII: C – BUILDINGS

Building Plan of the College



University of Southern Mindanao

AREA VIII: C – BUILDINGS



UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

TRAVEL ORDER

T.O. # **2-9765-8**

NAME: **EUSEBIO M. ABEL** Remarks: _____ Date: _____
 DESIGNATION: **ENGINEER II** Office use only: _____
 DEPARTMENT: **APPL. EN. DIV.** Vehicle can be provided if available: _____
 RETURN DATE: **APRIL 16, 2015** Take a public utility vehicle: _____
 PURPOSE: **To conduct regular inspection for the projects: 8 classrooms @ USM Akabayan and a library Academic Building @ USM Liberman, Manay, Uligaran, Cotabato**

FINANCIAL OFFICER: _____ FINANCIAL OFFICER: _____

Per User: _____ Total: _____

EUSEBIO M. ABEL
ELVIN L. DURENDES

SECOND FLOOR TILE LAYOUT
FLOOR AREA: 39.84 SQM

GROUND FLOOR TILE LAYOUT
FLOOR AREA: 39.84 SQM

PREPARED BY EUSEBIO M. ABEL ENGINEER II	CHECKED BENJAMIN E. FORTINES, JR. ENGINEER	CONCURRED BY ELIZABETH MOLINA ARCHITECT	RECOMMENDING APPROVAL ORLANDO S. FORIDO ENGINEER	APPROVED EUSEBIO M. ABEL ENGINEER II	SHEET NO. A 57
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REPUBLIC OF THE PHILIPPINES
UNIVERSITY OF SOUTHERN MINDANAO
PHYSICAL PLANT DEVELOPMENT SERVICE OFFICE
KABACAN, COTABATO

PROJECT TITLE/LOCATION: **CONSTRUCTION OF UNIVERSITY ACADEMIC BUILDING (UAB)**
USM CAMPUS, KABACAN, COTABATO

SECOND FLOOR CEILING PLAN

GROUND FLOOR CEILING PLAN

CEILING DETAILS
SCALE: 1/8" = 1'-0"

1. 300x300 ceiling panels with 1/2" gypsum board on top and 1/2" metal furring on bottom.
 2. 300x300 ceiling panels with 1/2" gypsum board on top and 1/2" metal furring on bottom.
 3. 300x300 ceiling panels with 1/2" gypsum board on top and 1/2" metal furring on bottom.
 4. 300x300 ceiling panels with 1/2" gypsum board on top and 1/2" metal furring on bottom.
 5. 300x300 ceiling panels with 1/2" gypsum board on top and 1/2" metal furring on bottom.
 6. 300x300 ceiling panels with 1/2" gypsum board on top and 1/2" metal furring on bottom.
 7. 300x300 ceiling panels with 1/2" gypsum board on top and 1/2" metal furring on bottom.
 8. 300x300 ceiling panels with 1/2" gypsum board on top and 1/2" metal furring on bottom.

PREPARED BY EUSEBIO M. ABEL ENGINEER II	CHECKED BENJAMIN E. FORTINES, JR. ENGINEER	CONCURRED BY ELIZABETH MOLINA ARCHITECT	RECOMMENDING APPROVAL ORLANDO S. FORIDO ENGINEER	APPROVED EUSEBIO M. ABEL ENGINEER II	SHEET NO. A 67
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REPUBLIC OF THE PHILIPPINES
UNIVERSITY OF SOUTHERN MINDANAO
PHYSICAL PLANT DEVELOPMENT SERVICE OFFICE
KABACAN, COTABATO

PROJECT TITLE/LOCATION: **CONSTRUCTION OF UNIVERSITY ACADEMIC BUILDING (UAB)**
USM CAMPUS, KABACAN, COTABATO



University of Southern Mindanao

AREA VIII: C – BUILDINGS



University of Southern Mindanao

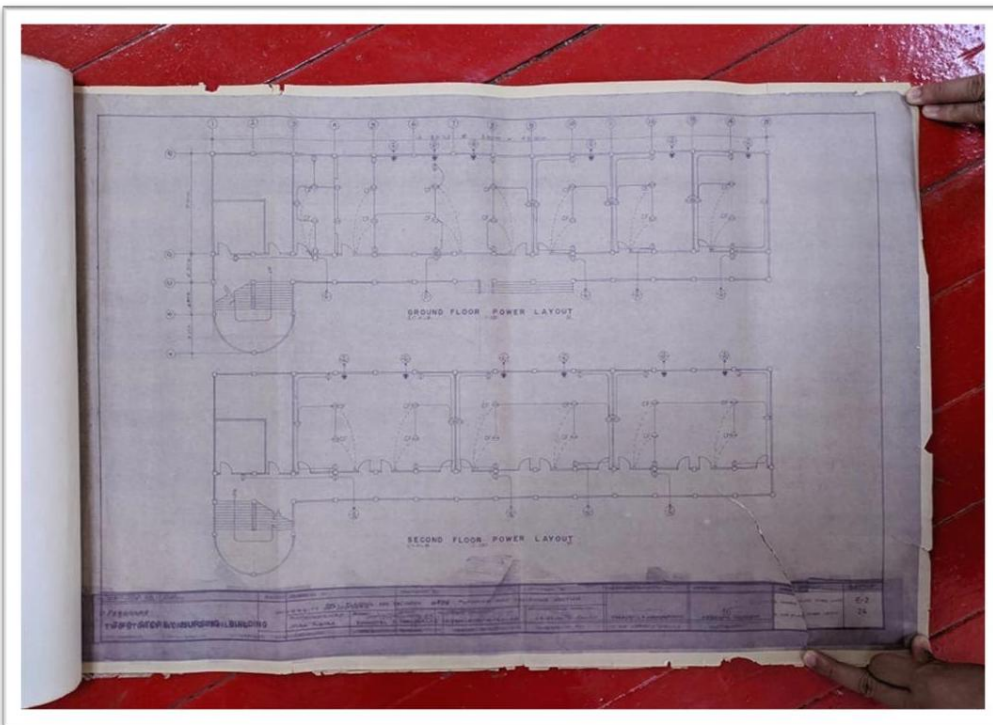
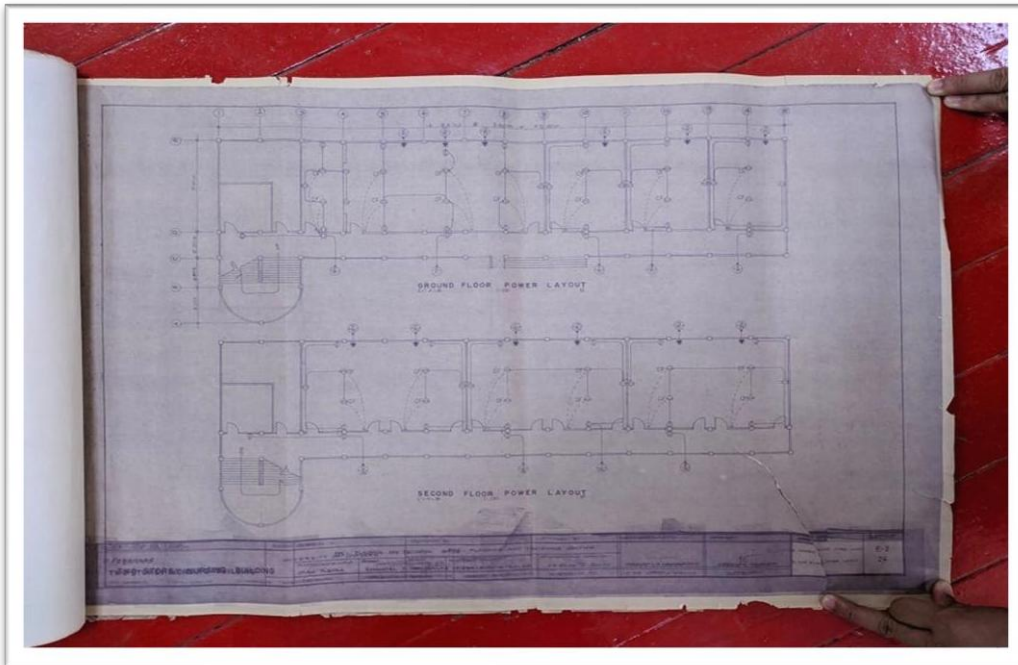
AREA VIII: C – BUILDINGS

C.2. Evidence that electrical lines are safely installed and periodically checked.

Circuit Breakers and Electrical Lines

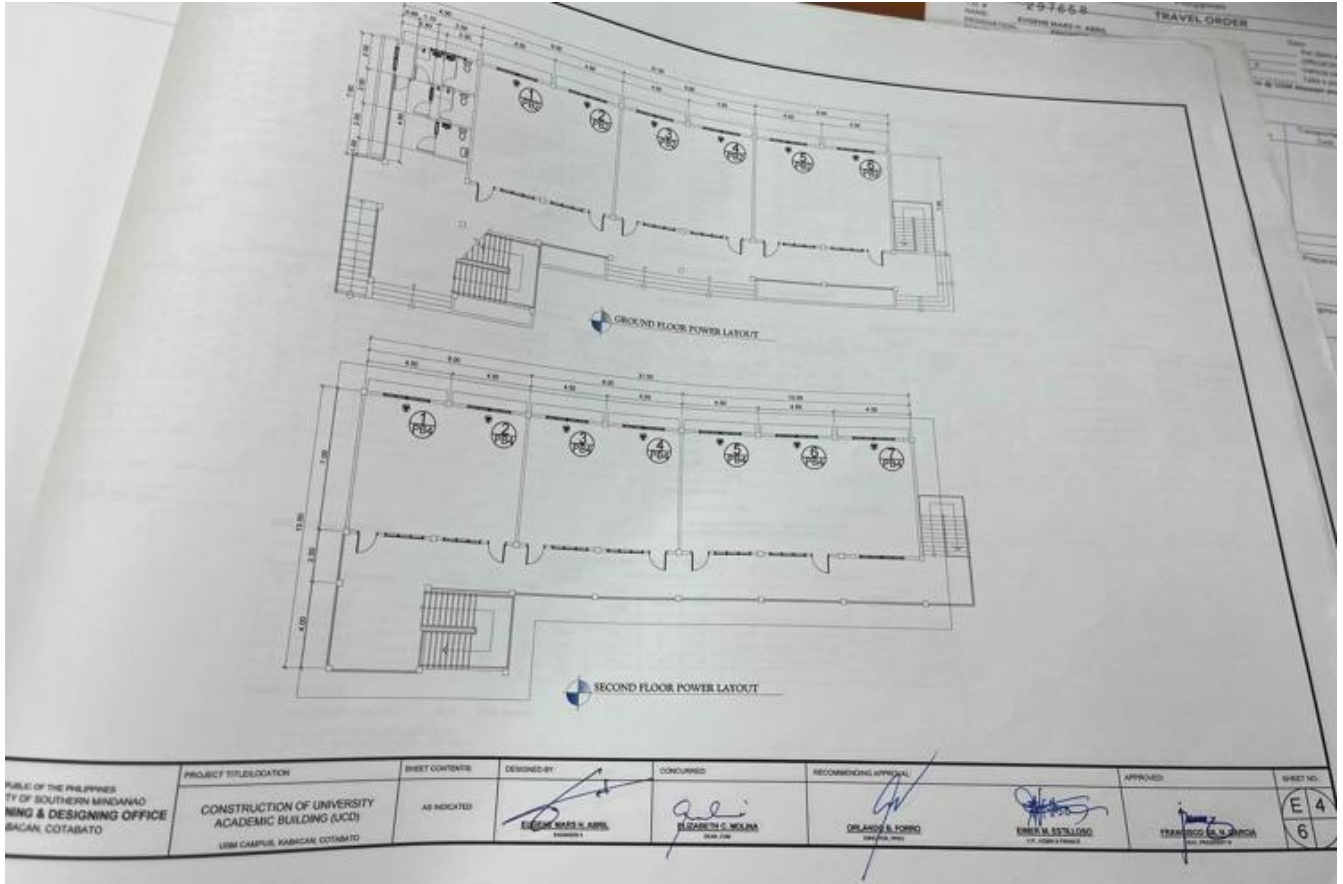


Building Power and Lighting Layout



University of Southern Mindanao

AREA VIII: C – BUILDINGS




PROJECT TITLE/LOCATION	SHEET CONTENTS	DESIGNED BY	CONCURRED	RECOMMENDING APPROVAL	APPROVED	SHEET NO.
PUBLIC OF THE PHILIPPINES UNIVERSITY OF SOUTHERN MINDANAO ENGINEERING & DESIGNING OFFICE BAGAN, COTABATO	CONSTRUCTION OF UNIVERSITY ACADEMIC BUILDING (UAB) USM CAMPUS, KABACAN, COTABATO	AS INDICATED ELIZABETH G. SOLANA	ELIZABETH G. SOLANA	DELA ROSA & TORRES ENGINEERS, INC.	ERNEST M. ESTILLOSO P.E.	FRANCISCO M. M. MARCHA P.E.
						E 4 6



University of Southern Mindanao

AREA VIII: C – BUILDINGS

Evidence that Electrical Lines are Periodically Checked



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				
Water Closets		okay		
Lavatory		okay		
Floor Drain		okay		
Laboratory Shower		okay		
Water Meter		okay		
Windows		OK		
Panel Boards		OK		
Circuit Breaker		OK		
Inspected By:		<i>[Signature]</i>		

Semi-Annual			Annual	
Check Points	1ST SEMESTER	2ND SEMESTER	Check Points	ANNUAL
Gutter			Ceiling	
Down Spouts			Painting	
Pipes			Roof	

Remarks:

January _____

February _____

March _____

April _____

May _____

June _____

USM-PPD-F07-Rev.2.2020.03.10



University of Southern Mindanao

AREA VIII: C – BUILDINGS



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:		<i>[Signature]</i>		

Semi-Annual

Check Points	1ST SEMESTER	2ND SEMESTER
Gutter		
Down 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

AREA VIII: C – BUILDINGS



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 recormction		
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:		<i>[Signature]</i>		

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

AREA VIII: C – BUILDINGS



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:		<i>[Signature]</i>		

Semi-Annual

Check Points	1ST SEMESTER	2ND SEMESTER
Gutter		
Down 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

AREA VIII: C – BUILDINGS



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			10/914	
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:			<i>[Signature]</i>	

Semi-Annual	
Check Points	1ST SEMESTER 2ND SEMESTER
Gutter	
Down Spouts	
Pipes	

Annual	
Check Points	ANNUAL
Ceiling	
Painting	
Roof	

Remarks:

July _____

August _____

September - DOORS (DILAPIDATE) 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

AREA VIII: C – BUILDINGS



UNIVERSITY OF SOUTHERN MINDANAO

Kabacan, Cotabato
Philippines

BUILDING INSPECTION CHECKLIST

Name of Building : COLLEGE OF SCIENCE & MATHEMATICS
Year : 2029

Check Points	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Door Knobs			4/10/19	
Door			4/10/19	
Door Hinges			10/10/19	
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:			<i>[Signature]</i>	

Semi-Annual		1ST SEMESTER	2ND SEMESTER
Check Points			
Gutter			
Down Spouts			
Pipes			

Annual		ANNUAL
Check Points		
Ceiling		
Painting		
Roof		

Remarks:

July _____

August _____

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

October _____

November _____

December _____





UNIVERSITY OF SOUTHERN MINDANAO

Kabacan, Cotabato

Philippines

BUILDING INSPECTION CHECKLIST

Name of Building : OFFICE OF STUDENT AFFAIRS
Year : 2024

Table with 5 columns: Check Points, 1st Quarter, 2nd Quarter, 3rd Quarter, 4th Quarter. Rows include Door Knobs, Door, Door Hinges, Switches, Convenience Outlet, Lights, Air-Con Unit, Electric Meter, Emergency Alarm, Faucets, Water Closets, Lavatory, Floor Drain, Laboratory Shower, Water Meter, Windows, Panel Boards, Circuit Breaker, and Inspected By.

Semi-Annual table with 3 columns: Check Points, 1ST SEMESTER, 2ND SEMESTER. Rows include Gutter, Down Spouts, Pipes.

Annual table with 2 columns: Check Points, ANNUAL. Rows include Ceiling, Painting, Roof.


Remarks:
July
August
September
October
November
December
- CEILING NEED TO REPAIR
- REPAIR POOR LEAKS
- WALL TO BE REPAINT

USM-PPD-F07-Rev.2.2020.03.10



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. 13-009-2019-LM-4
 University of Southern Mindanao
 College of Sciences and Mathematics
 Department of Biological Sciences
 Kabacan, North Cotabato
 Contact No. (084) 371-3381 or 4255474211
 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 M. Abdulkadir
Address : KABACAN, NORTH COTABATO
Tel. No. :
Sample Code : 60924-03
Sample Source : OSA Bldg. 3, USM, Kabacan
Sample Description : Deep Well, public, drilled, treated
Date Sample Submitted : June 29, 2024
Date Test Result Released : June 29, 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: 
CROMWEL M. JUMAO-AS
 Registered Microbiologist
 License No. 13-00388
 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 Accreditation 12-010-15-LW-1
 University of Southern Mindanao
 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/100MI	<1.1	<1.1
Fecal Coliform MPN/100MI	<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. 0023532
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 12-010-15-LW-1
 University of Southern Mindanao
 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/100MI	<1.1	<1.1
Fecal Coliform MPN/100MI	<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. 0023532
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.: _____



University of Southern Mindanao

AREA VIII: C – BUILDINGS



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

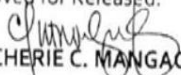
Remarks: The sample collected did not pass the Standard Value of the Philippine Standard for Drinking Water for total coliform. However, it passed the standard for fecal coliform and heterotrophic plate count.

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. 020532

ELMA G. SEPELAGIO, RMT
Laboratory Analyst

Approved for Released:


CHERIE C. MANGOANG, PhD
General Manager

Attested:


MARIA ELENA N. TANABE, RM
Laboratory Head

Report No. 2 of 2

OR No.: _____



University of Southern Mindanao

AREA VIII: C – BUILDINGS



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. 020532

ELMA G. SEPELAGIO, RMT
 Laboratory Analyst

Approved for Released:

Cherie C. Mangaoang
CHERIE C. MANGAOANG, PhD
 General Manager

Attested:

Maria Elena N. Tanabe
MARIA ELENA N. TANABE, RM
 Laboratory Head

Report No. 6 of 6

OR No.: _____



University of Southern Mindanao

AREA VIII: C – BUILDINGS



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. CABA^FSAG
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. 022-5332

ELMA G. SEPELAGIO, RMT
Laboratory Analyst

Approved for Release:


CHERIE C. MANGOANG, PhD
General Manager

Attested:


MARIA ELENA N. TANABE, RM
Laboratory Head

Report No.1 of 2

OR No.: _____



University of Southern Mindanao

AREA VIII: C – BUILDINGS



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

Name of Client : CHARLIE F. CABA SAG
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. 0006532

ELMA G. SEPELAGIO, RMT
 Laboratory Analyst

Approved for Release:


CHERIE C. MANGAANG, PhD
 General Manager

Attested:


MARIA ELENA N. TANABE, RM
 Laboratory Head

Report No. 2 of 2

OR No.: _____



University of Southern Mindanao

AREA VIII: C – BUILDINGS

Pest Control Inspection



Pest Science Corporation

"Bringing Science & Service Together"



Office: Del Pilar/Betjyams Bldg. #3, Km 5, Buhangin, Davao City Tel: 286-0394 – 293-3973

University of Southern Mindanao

Davao, Cotabato
80 Philippines

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

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

TERMITE CONTROL (CONVENTIONAL METHOD)

INTERIOR TREATMENT:

1. Surface Spraying (SS)

This service is designed to control surface infestation through application of contact spray on wood of the building. Using MAXXTHORR, a Chlorpyrifos compound chemical that effectively kills pest on contact also provide a long lasting residual effect against termite, we spray the infested wood portions in the building concentrating on double wall panel, baseboards and door frames these may be the potential entry point of termites. The concentrated chemical will be diluted to 20 cc per liter before applying it to the infested areas. This type of service is accomplished by using a 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)

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

Frequency: Once during the initial treatment



University of Southern Mindanao

AREA VIII: C – BUILDINGS

PHOTO FOOTAGEs OF the Treatment conducted at BIO TECH BLDG.



Chemical Used:

Maxxthor - is a professional strength, multi-purpose termiticide and insecticide formulated as a water suspension concentrate. If you could only have one product it would have to be **MAXXTHOR**. The choice for general insect control and termite management - **INDOORS** and **OUTDOORS**. No odor, long-term performance, and Long-term residual action; complete with all the safety features you demand - **GUARANTEED**. Was the first, professional strength (100g/L bifenthrin) water-based concentrate to be submitted to the true indication of Ensystem'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, professional pest manager.

a pyrethroid insecticide. This means it is modelled on pyrethrum which is a natural extract of the pyrethrum daisy.

Mixing:

10ml of chemical (Maxxthor) to 1 liter of H₂O



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



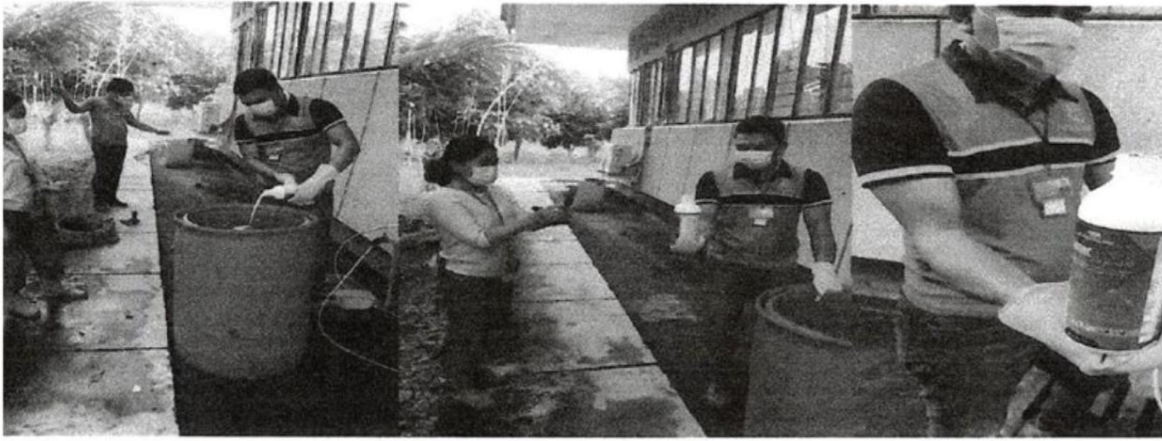
Inspection & spraying treatment conducted by the pest science personnel inside Bio Tech areas against possible termites' infestation.



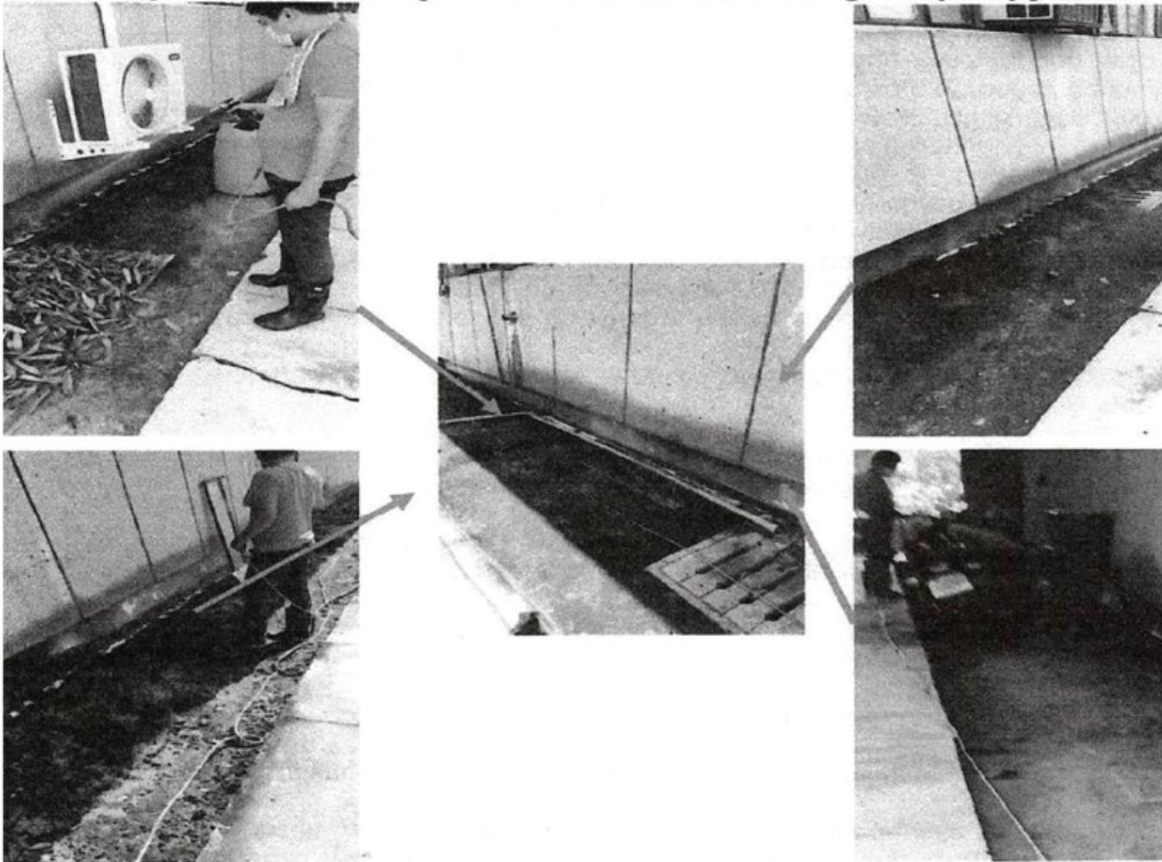
University of Southern Mindanao

AREA VIII: C – BUILDINGS

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



➤ Trenching/Cordon treatment at perimeter area of USMARC building to deny entry points of ter

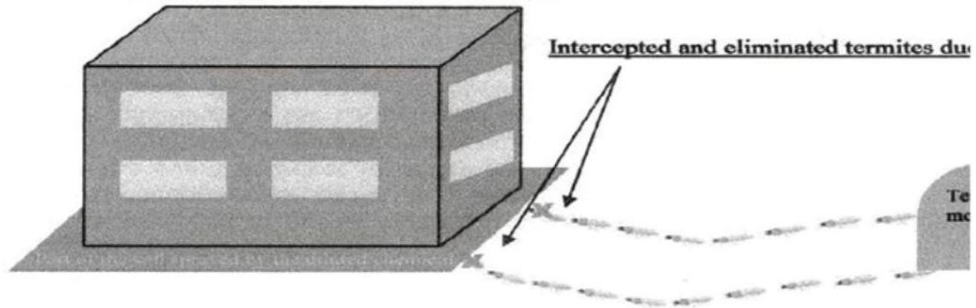




Inspection & spraying treatment conducted by the pest science personnel inside USMARC and prevention against possible termites' infestation.

HOW IT WORKS!!

Treatment area / bldg. being treated



Advantages of soil treatment:

Less disruptive - Significantly less intrusion and aesthetic disruption (i.e. moving furniture, removing carpet, drilling of finished floor) compared to traditional conventional treatment.

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

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



THANK YOU FOR TRUSTING OUR SERVICES.

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

Science Corporation

Room # 3 Bettjyam's/Del Pilar Bldg., K.m 5, Buhangin, Davao City

Phone: 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."



Sincerely yours,
C. LOZADA
Branch Manager



University of Southern Mindanao

AREA VIII: C – BUILDINGS

Office: Door 3 Del Pilar Betjyams 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 for 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 inspected
March 2021	once	Bio Tech. & USMARC
June 2021	once	Bio Tech. & USMARC
September 2021	once	Bio Tech. & USMARC
December 2021	once	Bio Tech. & USMARC

- 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 Betjyams 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



Apuro C. Lozada

Name & Signature of the Authorized Representative



University of Southern Mindanao

AREA VIII: C – BUILDINGS

PDF of Janitorial Staff

CS Form No. 212
Revised 2023

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 FORM.

Print legible if accomplished through own handwriting. Tick appropriate boxes. Use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

I. PERSONAL INFORMATION

1. SURNAME	AGUILAR		
2. FIRST NAME	RONIB		NAME EXTENSION (JR., SR.)
MIDDLE NAME	SEBASTIAN		
3. DATE OF BIRTH (dd/mm/yyyy)	04.03.1981	15. DESIGN OF	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	TACUBEN HT. CDT.	If holder of dual citizenship, please indicate both details	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX AT BIRTH	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Please indicate country
6. LIVE STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	11. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	5.6	House/Block of etc.	Street
8. WEIGHT (kg)	63 kg	Subdivision/Village	Barangay
9. BLOOD TYPE	O	City/Municipality	Province
10. LMD ID NO.	0923391171	12. PERMANENT ADDRESS	
11. PAGING ID NO.	915092335431	House/Block of etc.	Street
12. PHILHEALTH ID NO.	07-050740293-1	Subdivision/Village	MATIGUAN Barangay
13. PhilSys Number (PHS)	N/A	KABACAN	COTABATO Province
14. TRNO	298-180-025	City/Municipality	
15. AGENCY EMPLOYEE ID		16. ZIP CODE	2407
		17. ZIP CODE	
		18. TOLCH ONE NO.	N/A
		19. MOBILE NO.	09054461552
		20. E-MAIL ADDRESS (if any)	

II. FAMILY BACKGROUND



22. SPOUSE'S SURNAME	AGUILAR		23. NAME OF CHILDREN (Write full name and date of birth)	DATE OF BIRTH (dd/mm/yyyy)
FIRST NAME	ERLINDA	NAME EXTENSION (JR., SR.)	MARK KAZAL AGUILAR	03-05-2006
MIDDLE NAME	MAGLANGUE		DEXTER AGUILAR	12-12-2008
OCCUPATION	HOUSE WIFE			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.				
24. FATHER'S SURNAME	AGUILAR			
FIRST NAME	PLACIDO	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	NBRD			
25. MOTHER'S MAIDEN NAME	AGUILAR			
SURNAME	ERLINDA			
FIRST NAME	LONIDA			
MIDDLE NAME	SEBASTIAN			

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL / UNIT ATTAINED (first graduation)	YEAR GRADUATED	SCHOLARSHIP / STIPENDIUM AWARDS RECEIVED
			From	To			
ELEMENTARY	MAYBLAD CENTRAL BLVD MINDANAO STATE UNIVERSITY					1993	
SECONDARY	DALADITAN HIGH SCHOOL					1999	
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	N/A						
GRADUATE STUDIES	N/A						

SIGNATURE	(with signature - signed regional certificate)	DATE
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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case(s): _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, lamination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11961), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant (applicant))</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">NAME</th> <th style="width:35%;">OFFICE / RESIDENTIAL ADDRESS</th> <th style="width:30%;">CONTACT NO. AND/OR EMAIL</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL									
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<p>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.</p>													
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(wet signature/e-signature/digital certificate)													
Person Administering Oath													
<p>SUBSCRIBED AND SWORN to before me this _____ at/here exhibiting higher validly issued government ID as indicated above.</p>													



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 FDS FORM.
This form is accomplished throughout hand writing. Tick appropriate boxes and use capitals and if necessary indicate NA if not applicable. DO NOT ABBREVIATE.

I. PERSONAL INFORMATION

1. SURNAME	AGUIRRE		
2. FIRST NAME	JOSE	NAME (SURNAME (S), JR.)	
MIDDLE NAME	NEBRE		
3. DATE OF BIRTH (dd/mm/yyyy)	MARCH 29, 1975	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country.
4. PLACE OF BIRTH	KARIGUAN KIBARA, Cot.	If holder of dual citizenship, please indicate the details.	
5. SEX AT BIRTH	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	Region 6 Subdiv/Village KARIGUAN Municipality NARAY CORONADO Province
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other(s):		ZIP CODE
7. HEIGHT (m)	5'4	18. PERMANENT ADDRESS	Region 6 Subdiv/Village KARIGUAN Municipality NARAY CORONADO Province
8. WEIGHT (kg)	57		ZIP CODE
9. BLOOD TYPE	A	19. TELEPHONE NO.	
10. UMC ID NO.		20. MOBILE NO.	
11. PAG-BIGI NO.		21. E-MAIL ADDRESS (if any)	
12. PHILHEALTH NO.	17-200321044-3		
13. PhilSys Number (PSN)			
14. TIN NO.			
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	AGUIRRE	23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (dd/mm/yyyy)
FIRST NAME	VERONICA	AGUIRRE JOVEN BAYAN	18/06/01
MIDDLE NAME	RANSON	AGUIRRE JANEY BAYAN	20/01/03
OCCUPATION		AGUIRRE JOSE BAYAN, III	28/11/18
EMPLOYER/BUSINESS NAME		AGUIRRE JERIC BAYAN	21/09/13
BUSINESS ADDRESS			
TELEPHONE NO.	0		
24. FATHER'S SURNAME	AGUIRRE		
FIRST NAME	JOSE	NAME (SURNAME (S), SR.)	
MIDDLE NAME	BALONTE		
25. MOTHER'S MAIDEN NAME			
SURNAME	NEBRE		
FIRST NAME	CAROLINA		
MIDDLE NAME	QUIAT		

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SO GRAD BY ACADEMIC RECORD RECEIVED
			From	To			
ELEMENTARY	KARIGUAN Central Elementary					1981-1985	
SECONDARY	KARIGUAN National High School					Under Grad	
VOCATIONAL / TRADE COURSE							
COLLAGE							
GRADUATE STUDIES							

SIGNATURE	DATE	December 10, 2025
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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?
 b. Have you been criminally charged before any court?

YES NO
 If YES, give details: _____

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, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), 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	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL

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 (e.g. Passport, OGD, OGD, PRC, Driver's License, etc.)
 PLEASE INDICATE ID Number and Date of Issuance

Government issued ID: _____
 ID/License/Passport No.: _____
 Date/Place of Issuance: _____

(wet signature/e-signature/digital certificate)

[Signature]
 Signature (Sign inside the box)
 10-12-2025
 Date Accomplished

Right Thumbmark

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

(wet signature/e-signature/digital certificate except for notary public)

Person Administering Oath



PERSONAL DATA SHEET

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

Privately accomplished through own handwriting. Use appropriate boxes and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

I. PERSONAL INFORMATION

1. SURNAME	KADINGLIAN		
2. FIRST NAME	SAMMY		NAME EXTENSION (Jr., III)
MIDDLE NAME	DELANDANGEN		
3. DATE OF BIRTH (dd/mm/yyyy)	01-01-1972	15. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Ps. Indicate country
4. PLACE OF BIRTH	West Patadon, MAT	16. HIGHEST EDUCATION	(Indicate all degrees, please indicate track/s) WEST
5. SEX AT BIRTH	<input type="checkbox"/> Male <input type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	Residential area: PAROK-6 Street Subdivision/Village: West Patadon Barangay City/Municipality: MATALAN Province: COT.
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other:	18. OFFICE ADDRESS	Office: 9406 Residential area: PAROK-6 WEST, Patadon Street Subdivision/Village: West Patadon Barangay City/Municipality: MATALAN Province: LOTABATO
7. HEIGHT (ft)	5'5" FT.	19. TELEPHONE NO.	0916194973
8. WEIGHT (kg)	58	20. MOBILE NO.	7
9. BLOOD TYPE	B	21. EMAIL ADDRESS (if any)	
10. LINDI NO.			
11. TAGALOG ID NO.			
12. PHYSICAL ID NO.	INDIGENT		
13. TRAVEL NUMBER (PS)	/		
14. TIN NO.	-341-642-272		
15. ARMY EMPLOYMENT	16-03-170		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	KADINGLIAN		23. NAME OF CHILDREN (Write full name and sex)	DATE OF BIRTH (dd/mm/yyyy)
FIRST NAME	RAMIN	NAME EXTENSION (Jr., III)	Reham H Kadinglian	
MIDDLE NAME	MATIAGAL		NORA "	
OCCUPATION			FAHAD "	
EMPLOYER/BUSINESS NAME			NORHENA "	
BUSINESS ADDRESS			HASENA "	
TELEPHONE NO.				
24. FATHER'S SURNAME	WAKEL KADINGLIAN			
FIRST NAME	WAKEL	NAME EXTENSION (Jr., III)		
MIDDLE NAME	SENCIL			
25. MOTHER'S MIDDLE NAME	KADINGLIAN			
SURNAME	KADINGLIAN			
FIRST NAME	SANDI			
MIDDLE NAME	APIAL			




III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	ARINGRAY KAB.					1986	
SECONDARY	LIS - LISM KAB.					1991	
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							

(Complete on separate sheet if necessary)

SIGNATURE	<i>(over signature/signature/digital certificate)</i>	DATE
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<p>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.</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>									
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>									
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>									
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>									
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promotefactively campaign for a national or local candidate?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>									
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>									
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>									
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NAME</th> <th style="width: 40%;">OFFICE / RESIDENTIAL ADDRESS</th> <th style="width: 30%;">CONTACT NO. AND/OR EMAIL</th> </tr> </thead> <tbody> <tr> <td>LILIAN A. LUMBAGO</td> <td></td> <td></td> </tr> <tr> <td>MR WARREN P. ADAMAT</td> <td></td> <td></td> </tr> </tbody> </table>		NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL	LILIAN A. LUMBAGO			MR WARREN P. ADAMAT		
NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL								
LILIAN A. LUMBAGO										
MR WARREN P. ADAMAT										
<p>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.</p>										
<p>Government issued ID (e.g. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government issued ID: _____</p> <p>ID/License/Passport No: _____</p> <p>Date/Place of Issuance: _____</p>	<p>(wet signature or signature/digital certificate)</p> <p></p> <p>Signature (Sign inside the box)</p> <p>Date Accomplished: _____</p>	<p></p> <p>Right Thumbmark</p>								
<p>SUBSCRIBED AND SWORN to before me this _____ affiant exhibiting his/her validly issued government ID as indicated above.</p> <p>(wet signature or signature/digital certificate except for notary public)</p> <p></p> <p>Person Administering Oath</p>										



JANITORIAL STAFF WORK SCHEDULE PLAN

NAME	DAILY TASKS	WEEKLY TASKS	MONTHLY TASKS	WORK SCHEDULE	AREA OF ASSIGNMENT
RONNIE AGUILAR	<ol style="list-style-type: none"> 1. Maintain the cleanliness (7s) of the CVM main Building. 2. Restroom maintenance (clean and disinfect toilets, urinals, sinks, and floors) 3. Outdoor & Surroundings (Sweep walkways, entrances, and nearby grounds) 	<ol style="list-style-type: none"> 1. bayanihan 2. Perform tasks assigned by the Dean 	<ol style="list-style-type: none"> 1. General Deep Cleaning 2. Windows and Fixtures 3. Laboratory and Specialized Areas 	Monday-Thursday 7:00am-6:00pm	CVM-main building
JOSE AGLUTAY	<ol style="list-style-type: none"> 4. Maintain the cleanliness (7s) of the CVM main Building. 5. Restroom maintenance (clean and disinfect toilets, urinals, sinks, and floors) Outdoor & Surroundings (Sweep 	<ol style="list-style-type: none"> 1. University bayanihan 2. Perform tasks assigned by the Dean 	<ol style="list-style-type: none"> 1. General Deep Cleaning 2. Windows and Fixtures Laboratory and Specialized Areas 	Monday-Thursday 7:00am-6:00pm	CVM -New academic building

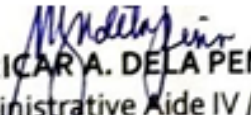


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AREA VIII: C – BUILDINGS

	walkways, entrances, and nearby grounds)				
SAMMY KADINGILAN	3. Maintain the cleanliness (7s) of the CVM main Building. 4. Restroom maintenance (clean and disinfect toilets, urinals, sinks, and floors) 5. Outdoor & Surroundings (Sweep walkways, entrances, and nearby grounds)	3. bayanihan Perform tasks assigned by the Dean	6. General Deep Cleaning 7. Windows and Fixtures Laboratory and Specialized Areas	Monday-Thursday 7:00am-6:00pm	CVM-Annex Building

Prepared by:


MARICAR A. DELA PEÑA
Administrative Aide IV / College Clerk



University of Southern Mindanao

AREA VIII: C – BUILDINGS