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| **INSPECTION DETAILS** |
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| **PURPOSE OF INSPECTION**: ☐ For Accountability Transfer ☐ For Decommissioning ☐ Others |
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| Item No. | Property No. | Serial No. | Item Description | Findings / Recommendation |
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| **Consent statement:** Tarlac State University will collect your personal information only for the purpose indicated in the form. All information will be kept confidential and secured in compliance with the Data Privacy Law.**REQUESTED BY:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Signature and name of requestor Office / College of Requestor |
| **TO BE FILLED UP BY MIS TECHNICAL STAFF** |
| **INSPECTED BY: NOTED:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Signature and name of authorized MIS staff MIS Office Director |

\*END-USER COPY

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