

## GILES CHEMICAL ~ PREMIER MAGNESIA

**Company Form** 

Title: Work Request Number: M12-FM-200-006

Owner: Sammy Joe Henson Revision: 02
Effective Date: 05/10/16 Page: 1 of 1



## **Work Request**

| Date:   | <u> </u>                                    |
|---|---|
| Originator:   |   |
| Equipment Name or Area of the Plant:  |   |
| <b>Description:</b> (use as much detail as you can – ex. broken part, wearing part, abnormal noise/sound, abnormal movement, excessive wear of parts) |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Immediate Action: (describe plan or i   | tems needed – Maintenance Only)             |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Resolution: (provide description of co  | mpletion, sign, and date -Maintenance Only) |
|   |   |
|   |   |
|   |   |
| Maintenance Signature:  |   |