

SM-3A - POTENTIAL ASBESTOS CONTAINING MATERIAL (ACM) REMOVAL PERMIT

TO BE COMPLETED IN INK

SECTION A – TASK DESCRIPTION

SERVICING GROUP REP

Unit: Maintenance Order #:
Circle One: ISBL / OSBL Initial Safe Work Permit (SWP) #:
Job Note #: Equipment #: Line #:
Location:

SECTION B – MATERIAL TYPE

SERVICING GROUP REP

Table with 4 columns: Thermal System Insulation, Surfacing Materials, Miscellaneous Material. Rows include Pipe Insulation, Acoustical Plaster, High Temperature Gaskets, etc.

SECTION C – INSULATION REMOVAL

SERVICING GROUP REP

Metal Type:
Insulation Type:
Insulation Thickness:
Amount to be removed: Linear Ft Square Ft Cubic Ft

SECTION D - ASBESTOS IDENTIFICATION

SERVICING GROUP REP

Does Material Contain Asbestos (Must Check One)

YES (must have positive sample results from Asbestos Database). NO (Check No only if one of the conditions listed below is present). UNKNOWN Action Required: 1. Treat as asbestos and contact Turnstone EH&S. INC. at (409) 943-2675, OR Asbestos Compliance Manager at 409-945-1149, cehart@marathonpetroleum.com 2. Contact Turnstone EH&S. INC. at (409) 943-2675 to collect samples. Results Asbestos: Yes No

List all sample tags associated with the scope of work:

SECTION E - NOTIFICATION

SERVICING GROUP REP

Is Texas Department of State Health Services notification required according to Turnstone EH&S, Inc? Yes No
If required, is a copy of notification attached?
Note: If the start date(s) entered in Notification cannot be met, the DSHS Regional or Local Program office must be notified prior to the scheduled start date. Failure to do so is a violation of TAPPA section 295.61.

SECTION F - AUTHORIZATION

Servicing Group Rep: Name (Print) Signature Company Date

Attach to SWP permit package.

**SECTION G – AUTHORIZTION RE-VALIDATION**

**SERVICING GROUP REP**

_____ / <i>Signature: Servicing Group Rep</i>	SWP No. _____	_____ / _____ Date / Time
_____ / <i>Signature: Servicing Group Rep</i>	SWP No. _____	_____ / _____ Date / Time
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