SM-3A - POTENTIAL ASBESTOS CONTAINING MATERIAL (ACM) REMOVAL PERMIT									
TO BE COMPLETED IN INK									
SE	CTION A – TASK DESCRI	PTIC	ON					SERVICING GROUP REP	
Unit	• •			М	aintenance Order #:				
Circle One: ISBL / OSBL					Initial Safe Work Permit (SWP) #:				
					` '				
Job Note #:					Equipment #: Line #:				
	ation:								
SE	CTION B - MATERIAL TY	PE						SERVICING GROUP REP	
	Thermal System Insulation		Surfacing Materials		10 1 T	Miscellan	eous		
믜	Pipe Insulation		Acoustical Plaster Decorative Plaster/Stucco		High Temperature	Gaskets	┝	Cement Wallboard/Siding Wallboard	
	Boiler Insulation HVAC Duct Insulation		Textured Paint/Coating	H	Packing Materials Cooling Towers		믐	Vinyl Wall Coverings	
H	Breaching Insulation	H	Spray Applied Insulation	믐	Heating and Electri	ical Ducts	H	Vinyl Sheet Flooring	
	Taping Compounds (thermal)	Ħ	Blown-In Insulation		Electrical Panel Pa		H	Asphalt/Vinyl Floor Tile	
	Thermal Paper Product	Ħ	Fireproofing Insulation		Electrical Cloth/Wir		Ħ	Floor Backing	
			Joint Compound		Laboratory Hoods/		Ħ	Adhesives/Mastics	
		Ī	Spackling Compound		Elevator Equipmen	•	愩	Roofing Felt	
					Elevator Brake Sho			Roofing Shingles/Tiles	
					Ductwork Flexible I Connections	Fabric		Ceiling Tiles/Lay-In Ceiling Panels	
					Fire Blankets/Curta	ains	П	Construction Mastics	
					Fire Doors		H	Caulking/Putties	
					Cement Pipes		Ħ	Chalkboards	
					Pipe Dope/ Wrap		Ħ	Base Flashing	
					Cementitious Mate			Other	
SF	CTION C - INSULATION F	I PEM	OVAI		Mortar, Refractory,	Otners)	<u> </u>	SERVICING GROUP REP	
	al Type:	/LIAI	OVAL				•	SERVICING GROOF REF	
	ılation Type:								
	ulation Thickness:								
Amount to be removed:									
Junearit Doydale It Double It									
SECTION D - ASBESTOS IDENTIFICATION SERVICING GROUP REP									
Does Material Contain Asbestos (Must Check One)									
	YES (must have positive sample					☐ UNKN	OWN	1	
	from Asbestos Database). below is present).					n Required:			
							1. Treat as asbestos and contact Turnstone		
			Check condition that applies				H&S. INC. at (409) 943-2675, OR		
(409) 943-2675 to initiate Abatement process. Email Addresses:		□ Plue banded or silver be	Division de de consiliera de defensa de destresa de coloreste de			Asbestos Compliance Manager at 409-945- 1149, cehart@marathonpetroleum.com			
msebastian@marathonpetroleum.com,			☐ Blue-banded, or silver-banded stamped asbestos free						
egsimon@marathonpetroleum.com; &							Furnstone EH&S. INC. at (409) o collect samples.		
shammer@marathonpetroleum.com		☐ Samples were collected and results were negative. Sample tags below must be provided.					o collect samples. pestos: Yes□ No□		
List	all sample tags associated with th	e sco		510 1	nast be provided.	rtocare	07101	100 110	
SE.	CTION E NOTIFICATION	1						SEDVICING CROUD BED	
	CTION 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 TAHPA section 295.61.									
SECTION F - AUTHORIZATION									
Ser	Servicing Group Rep:								
	Name ((Print)	Sign	ature		Company		Date	

Attach to SWP permit package.

MPC GBR Form SM-3A Issued: 8/25/2021

SECTION G – AUTHORIZTION RE-VALIDATION		SERVICING GROUP REP
	SWP No	/
Signature: Servicing Group Rep		Date / Time
·	SWP No	/
Signature: Servicing Group Rep		Date / Time
	SWP No	/
Signature: Servicing Group Rep		Date / Time
	SWP No	/
Signature: Servicing Group Rep		Date / Time
	SWP No	/
Signature: Servicing Group Rep		Date / Time
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Signature: Servicing Group Rep		Date / Time
	SWP No	/
Signature: Servicing Group Rep		Date / Time
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Signature: Servicing Group Rep	SWP No	Date / Time
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Signature: Servicing Group Rep	SWP No	/ Date / Time
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	SWP No	/
Signature: Servicing Group Rep		Date / Time
	SIMP No	/
Signature: Servicing Group Rep	SWP No	Date / Time
	CWD M	1
Signature: Servicing Group Rep	SWP No	Date / Time
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Signature: Servicing Group Rep	SWP No	/ Date / Time
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Signature: Servicing Group Ren	SWP No	/ Date / Time
Signature: Servicing Group Rep		Date / Time
Cinnadous Comisina Craus Services	SWP No	//
Signature: Servicing Group Rep		Date / Time
	SWP No	/
Signature: Servicing Group Rep MPC GBR Form SM-3A		Date / Time Issued: 8/25/2021
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