

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

TO BE COMPLETED IN INK & ATTACHED TO SWP PERMIT PACKAGE

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

Thermal System Insulation		Surfacing Materials		Miscellaneous Material	
<input type="checkbox"/>	Pipe Insulation	<input type="checkbox"/>	Acoustical Plaster	<input type="checkbox"/>	High Temperature Gaskets
<input type="checkbox"/>	Boiler Insulation	<input type="checkbox"/>	Decorative Plaster/Stucco	<input type="checkbox"/>	Packing Materials
<input type="checkbox"/>	HVAC Duct Insulation	<input type="checkbox"/>	Textured Paint/Coating	<input type="checkbox"/>	Cooling Towers
<input type="checkbox"/>	Breaching Insulation	<input type="checkbox"/>	Spray Applied Insulation	<input type="checkbox"/>	Heating and Electrical Ducts
<input type="checkbox"/>	Taping Compounds (thermal)	<input type="checkbox"/>	Blown-In Insulation	<input type="checkbox"/>	Electrical Panel Partitions
<input type="checkbox"/>	Thermal Paper Product	<input type="checkbox"/>	Fireproofing Insulation	<input type="checkbox"/>	Electrical Cloth/Wiring Insulation
		<input type="checkbox"/>	Joint Compound	<input type="checkbox"/>	Laboratory Hoods/Tabletops
		<input type="checkbox"/>	Spackling Compound	<input type="checkbox"/>	Elevator Equipment Panels
				<input type="checkbox"/>	Elevator Brake Shoes
				<input type="checkbox"/>	Ductwork Flexible Fabric Connections
				<input type="checkbox"/>	Fire Blankets/Curtains
				<input type="checkbox"/>	Fire Doors
				<input type="checkbox"/>	Cement Pipes
				<input type="checkbox"/>	Pipe Dope/ Wrap
				<input type="checkbox"/>	Cementitious Material (Brick, Mortar, Refractory, Others)
				<input type="checkbox"/>	Cement Wallboard/Siding
				<input type="checkbox"/>	Wallboard
				<input type="checkbox"/>	Vinyl Wall Coverings
				<input type="checkbox"/>	Vinyl Sheet Flooring
				<input type="checkbox"/>	Asphalt/Vinyl Floor Tile
				<input type="checkbox"/>	Floor Backing
				<input type="checkbox"/>	Adhesives/Mastics
				<input type="checkbox"/>	Roofing Felt
				<input type="checkbox"/>	Roofing Shingles/Tiles
				<input type="checkbox"/>	Ceiling Tiles/Lay-In Ceiling Panels
				<input type="checkbox"/>	Construction Mastics
				<input type="checkbox"/>	Caulking/Putties
				<input type="checkbox"/>	Chalkboards
				<input type="checkbox"/>	Base Flashing
				<input type="checkbox"/>	Other

SECTION C – INSULATION REMOVAL

SERVICING GROUP REP

Metal Type:
Insulation Type:
Insulation Thickness:
Amount to be removed: _____ <input type="checkbox"/> Linear Ft <input type="checkbox"/> Square Ft <input type="checkbox"/> Cubic Ft

SECTION D - ASBESTOS IDENTIFICATION

SERVICING GROUP REP

Does Material Contain Asbestos (Must Check One)

<input type="checkbox"/> YES (must have positive sample results from Asbestos Database). Contact our site Asbestos Coordinator at (409) 945-1939 to initiate the Asbestos Abatement process. Email: shammer@marathonpetroleum.com TFlores@marathonpetroleum.com GBRAsbestos@Marathonpetroleum.com	<input type="checkbox"/> NO (Check No only if one of the conditions listed below is present). Check condition that applies: <input type="checkbox"/> Blue-banded, or silver-banded stamped asbestos free <input type="checkbox"/> Samples were collected and results were negative. Sample tags below must be provided.	<input type="checkbox"/> UNKNOWN Action Required: Treat as asbestos and contact our onsite Asbestos Consulting Group at (409) 943-2675 to request sample collection. You can submit sample requests using the Bulk Sample Request Form located on the Safety Procedures Page next to Asbestos Management. Contact our site Asbestos Compliance Manager at (409) 945-1149 with any regulatory questions or concerns cehart@marathonpetroleum.com Results Asbestos: Yes <input type="checkbox"/> No <input type="checkbox"/>
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List all sample tags associated with the scope of work: _____

SECTION E - NOTIFICATION

SERVICING GROUP REP

If material tests positive is a Texas Department of State Health Services notification required according to the Asbestos Compliance Manager? Over one Asbestos Reporting Unit (260 In ft, 160 sq ft, 35 cubic ft) or if planning to demolish a load bearing structure supporting equipment? 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: _____	_____	_____	_____
<i>Name (Print)</i>	<i>Signature</i>	<i>Company</i>	<i>Date</i>

