

 Marathon Petroleum Company LP	SITE SAFETY PRACTICE	SSP-123-F01
Salt Lake Refinery	Material Purchase Authorization Form	Page 1 of 1

SECTION 1 --- GENERAL INFORMATION

Requested by:	Date:
Department/Unit:	Phone No.:
Is this a replacement for a product that is already used onsite? <input type="checkbox"/> YES* <input type="checkbox"/> NO	
* If YES, please specify the material it is replacing:	
* Has all the replaced material been used or sent back to manufacturer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date when material is needed:	
Date when unused material is to be disposed:	
Is this MPA part of an MOC? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If this is a new product please include:	
Area:	Unit:
Equipment:	Safety Data Sheet – GHS Compliant? <input type="checkbox"/> YES <input type="checkbox"/> NO

SAFETY DATA SHEET MUST BE ATTACHED

SECTION II --- PRODUCT INFORMATION, USE, AND STORAGE

Manufacturer Product Name:	Common Name or synonym:		
Manufacturer/Supplier:	Phone No.:		
Address:			
Street	City	State	Zip Code
Briefly answer the following:			
1. How and where will the product be used?			
2. Size of Containers (please specify type and size):			
3. Expected Usage Quantity:			
4. How and where will the product be stored:			
5. Personnel responsible for unused material disposal:*			
6. How will the unused material be disposed?*			
*Consult with ESS before submitting MPA for approval.			

FOR ESS USE ONLY

Recommended engineering controls for the use of this product:
Recommended personal protective equipment to be worn when handling this material:
The following chemicals should not be stored together:

APPROVAL

Environmental	<input type="checkbox"/> NO <input type="checkbox"/> YES	Signature: _____	Date: _____
	<input type="checkbox"/> SARA Reportable (311, 312, or 313)*		
Health & Safety	<input type="checkbox"/> NO <input type="checkbox"/> YES	Signature: _____	Date: _____
	<input type="checkbox"/> See attached comments.		
Security	<input type="checkbox"/> NO <input type="checkbox"/> YES	Signature: _____	Date: _____
	<input type="checkbox"/> Department of Homeland Security Chemical of Interest		