

Bainbridge Island Metropolitan Park & Recreation District

**CONFINED SPACE SAFETY PROGRAM
CERTIFICATE OF TEMPORARY RECLASSIFICATION
SPACE 104) RAY WILLIAMSON POOL: FILTER PIT IN PUMP ROOM**

A permit-required space can be temporarily reclassified as a non-permit required confined space when hazards have been eliminated and remain eliminated for a specific period of time. To qualify for reclassification, the permit-required space must pose no actual or potential physical hazards and entry into the space can be undertaken without risk of encountering hazards.

If reclassification requires someone to initially enter the confined space to eliminate any hazards or determine if any exist, such entry must be performed in accordance with the requirements for a permit required space.

Permit required confined space requested for reclassification: **Ray Williamson Pool Filter Pit in Pump Room**
Location: **Aquatic Center Ray Williamson Pool**

Date of entry under permit requirements to eliminate hazards and/or assess if hazards can be eliminated for temporary classification: _____

Permit requirements for this specific confined space, and document the basis for determining that these hazards have been eliminated.

<u>Permit Requirements</u>	<u>Method to Eliminate Hazard</u>	<u>Date Requirements Met</u>
Close main drain valve with pole tool (located in Nakata pump rm.)	Close Surge pit valve	
Lock out all pumps and valves	Close the all sand filter valves and lock out seimans power panel box. (See page 2)	
Drain all standing water	Open drain valve with tool from deck	
Put up Temporary Barricade	Set-up safety barricade around point of entry	
Inform direct supervisor of entry	Indicated to your supervisor you are entry the space for _____ minutes	
Personnel Safety equipment	See page 2	

For the above permit required confined space to be temporarily reclassified as a non-permit confined space, the above control measures must be in place as identified in the "Method to Eliminate Hazard" column. This determination has been made by the following program administrator/designated supervisor:

Print name: _____
Signature: _____

Date: _____

Entry into this confined space is allowed only when the above control measures are in place. This certification form must be made available to and initialed by each employee entering the space.

I have received general Confined Space training and specific training for proper reclassification procedures for the above Permit-Required Confined Space. I understand the control measures outlined above and any other necessary conditions for this space and certify that they have been fulfilled, as indicated in above "Date Requirements Met" column.

Date of entry	Name of entrant	Initials:	Name of attendant:	Initials

If hazards arise during entry, employee(s) must exit the space immediately and ask that it be re-evaluated by the Confined Space Program Administrator.

Report any unusual occurrences at once and make any suggestions regarding possible safety problems related to entering this space to the Program Administrator of the Confined Space Program.

Lockout / Tag out Procedures:

Employee must follow before work:

1. Inform all affected employees of equipment shutdown.
2. Shut down equipment. **(Red Arrow indicates panel to shut off)**



3. Isolate or block hazardous energy.
4. Remove any potential (stored) energy sources.
5. Lockout or tag out the energy sources.
See picture for proper lock out.
6. Verify the equipment is isolated from the hazardous energy and de-energized.

Closed off valves indicated below in by the red arrows:



Personnel Safety Requirements:

The employee entering the space must have the follow safety equipment in place before entry:

1. Entrant must be wearing a safety harness
2. Wall mounted ring anchor
3. Fall restraint system
4. Any necessary PPE's for work being conducted.

