

Bainbridge Island Metropolitan Park & Recreation District

**CONFINED SPACE SAFETY PROGRAM
CERTIFICATE OF TEMPORARY RECLASSIFICATION
SPACE 105) RAY WILLIAMSON POOL: 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 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>
Only District Employees may enter	Make employees aware of spiral staircase.	

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.