

BADGER SWIMPOOLS.INC. CONFINED SPACE ENTRY PERMIT

This is the first page of a 2-page permit. Both pages must be completed by the job supervisor, signed, and posted at the job site, along with a copy of the written procedure for this confined space showing the hazards and control measures.

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| Page 1 |
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| | | | |
|------------------------------------|--|--------------------|--|
| JOB NAME | | JOB NO. | |
| CONFINED SPACE NAME OR DESIGNATION | | | |
| WORK TO BE DONE | | | |
| DATE & START TIME | | DATE & FINISH TIME | |
| NAME OF ENTRY SUPERVISOR | | PHONE # | |
| NAMES OF ENTRANTS | | | |
| NAMES OF ATTENDANTS | | | |
| EMERGENCY PHONE NO. | | | |

| SAMPLING INSTRUMENT INFORMATION | | | | | |
|---------------------------------|--|------------------------|--|-----------------|--|
| DIRECT READING GAS METER | | PUMP AND DETECTOR TUBE | | OTHER | |
| MAKE | | MAKE | | MAKE | |
| MODEL | | MODEL | | MODEL | |
| LAST CALIBRATED | | LAST CALIBRATED | | LAST CALIBRATED | |

| AIR TEST RESULTS PRIOR TO VENTILATING | | | | | | |
|---------------------------------------|----------------|--------|---------|------------------|-----|-----------|
| | O ₂ | L.E.L. | CO | H ₂ S | | TESTED BY |
| TARGET | 19.5% - 23.5% | <10% | <35 PPM | <10 PPM | | |
| DATE | | | | | | |
| TIME | | | | | | |
| RESULT | % | % | PPM | PPM | PPM | |

| AIR TEST RESULTS AFTER VENTILATING | | | | | | |
|------------------------------------|----------------|--------|---------|------------------|-----|-----------|
| | O ₂ | L.E.L. | CO | H ₂ S | | TESTED BY |
| TARGET | 19.5% - 23.5% | <10% | <35 PPM | <10 PPM | | |
| DATE | | | | | | |
| TIME | | | | | | |
| RESULT | % | % | PPM | PPM | PPM | |

| ADDITIONAL AIR TEST RESULTS | | | | | | |
|-----------------------------|-----------------|--------|----------------------|------------------|-----|-----------|
| | O ₂ | L.E.L. | CO | H ₂ S | | TESTED BY |
| TARGET | 19.5% - 23.5% | <10% | <35 PPM | <10 PPM | | |
| DATE | | | | | | |
| TIME | | | | | | |
| RESULT | % | % | PPM | PPM | PPM | |
| CLASSIFICATION | SAFE ATMOSPHERE | | HAZARDOUS ATMOSPHERE | | | |

(Continued on back side)

CONFINED SPACE ENTRY PERMIT

| MARK ALL SAFETY EQUIPMENT NEEDED FOR THIS JOB | | | |
|--|--------------------------------------|--|----------------------------------|
| | HARD HAT | | AIR-PURIFYING RESPIRATOR |
| | SAFETY GLASSES WITH SIDESHIELDS | | AIRLINE RESPIRATOR |
| | CHEMICAL PROTECTIVE GOGGLES | | ESCAPE RESPIRATOR |
| | FACESHIELD | | LOCKOUT/TAGOUT SUPPLIES |
| | HEARING PROTECTORS | | FIRE PROTECTION EQUIPMENT |
| | COTTON OR LEATHER GLOVES | | SPARK RESISTANT TOOLS |
| | CHEMICAL RESISTANT GLOVES | | VOICE COMMUNICATION EQUIPMENT |
| | COVERALLS | | VENTILATION EQUIPMENT |
| | RAINSUIT | | PORTABLE LIGHTING |
| | CHEMICAL RESISTANT CLOTHING | | GROUND FAULT CIRCUIT INTERRUPTER |
| | SLIP/CHEMICAL RESISTANT BOOTS | | WARNING SIGNS AND BARRIERS |
| | WELDING HELMET/GOGGLES | | MECHANICAL RETRIEVAL DEVICE |
| | FULL BODY HARNESS AND RETRIEVAL LINE | | OTHER |

| ALL ANSWERS MUST BE "NOT APPLICABLE" OR "YES" FOR JOB TO PROCEED | N/A | YES | NO |
|---|------------|------------|-----------|
| COPY OF CONFINED SPACE ENTRY PROCEDURE AVAILABLE AT SITE? | | | |
| COPY OF LOCKOUT/TAGOUT PROCEDURE AVAILABLE AT SITE? | | | |
| APPLICABLE CONTROL MEASURES (INCLUDING LO/TO) ARE IN EFFECT? | | | |
| REQUIRED SAFETY EQUIPMENT HAS BEEN PROVIDED AND HAS BEEN CHECKED OVER? | | | |
| HAZARDOUS MATERIALS REMOVED AND SPACE CLEANED TO EXTENT POSSIBLE? | | | |
| VENTILATION HAS BEEN SET UP AND IS BEING USED EFFECTIVELY? | | | |
| ENTRANTS/ATTENDANTS WERE INSTRUCTED ON PHYSICAL/CHEMICAL HAZARDS OF THIS JOB? | | | |
| ENTRANTS/ATTENDANTS HAVE REVIEWED MSDS OR EQUIVALENT, IF NEEDED? | | | |
| ENTRANTS/ATTENDANTS WERE INSTRUCTED ON SAFE WORK PROCEDURES FOR THIS JOB? | | | |
| ENTRANTS/ATTENDANTS WERE INSTRUCTED ON USE OF SAFETY EQUIPMENT, IF NEEDED? | | | |
| ENTRANTS/ATTENDANTS HAVE COMPLETED CONFINED SPACE ENTRY TRAINING? | | | |
| ENTRANTS/ATTENDANTS WERE INSTRUCTED ON EMERGENCY PROCEDURES? | | | |
| ENTRANTS HAVE BEEN TRAINED ON ANY RESPIRATORS THEY MAY HAVE TO USE? | | | |
| SPECIAL RESCUE ARRANGEMENTS IF RESCUE LIKELY TO BE DIFFICULT? | | | |
| SECURE FOOTING AND/OR FALL PROTECTION PROVIDED? | | | |
| AREAS AROUND ACCESS POINTS CORDONED OFF? | | | |
| "CONFINED SPACE ENTRY IN PROGRESS" SIGNS POSTED AT ENTRY POINTS? | | | |
| PHONE, RADIO, ALARM HORN OR OTHER DEVICE AT HAND TO SUMMON ASSISTANCE? | | | |
| OTHER NECESSARY PERMITS OBTAINED? | | | |
| RESCUE TEAM CONFIRMED AVAILABLE TO RESPOND IF NEEDED? | | | |

| SIGNATURE FOR SAFE ATMOSPHERE ENTRY | | | |
|--|--|------|--|
| ENTRY SUPERVISOR | | DATE | |