MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
105 CMR 675.000

INDOOR ICE SKATING RINK CERTIFICATION/RENEWAL APPLICATION

Pursuant to 105 C.M.R. 675.000 an indoor ice skating rink operator must file this certification application with the local board of health. Please fill out the following information. Please note that this form must be complete. Failure to provide the appropriate information can result in a delay in certification.

Please fill out the following information:

Application Status
Mark one selection

____ New Application      ____ Renewal

Rink Information

Name of Rink: _____________________________________________________
Street: __________________________________________________________
City: _____________________________________________________________
State: MA
Zip Code: __________________________
Telephone Number: _______________________________________________

Owner Information

Name of Owner of Rink: _____________________________________
Street: ___________________________________________________________
City: ____________________________________________________________
State: _________
Zip Code: __________________________
Contact: __________________________________________________________
Telephone Number: _______________________________________________

Skip the following questions in this box if not applicable:

If Owner is a Partnership, list general or other partners and addresses:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

If Owner is a Corporation, provide the following information:
State & Date of Incorporation: ________________________________________
Address of Principal Office: __________________________________________
Name and Address of President: ________________________________________
If the person or entity responsible for the maintenance and operations of the rink is different from the owner, please provide the following information. If not, skip to contact person information.

Name of Operator of Rink: __________________________________________
Street: ___________________________________________________________
City: ____________________________________________________________
State: _________
Zip Code: __________________________
Contact: __________________________________________________________
Telephone Number: _________________________________________________

Skip the following questions in this box if not applicable:
If Operator is a Partnership, list general or other partners and addresses:

If Operator is a Corporation, provide the following information:
State & Date of Incorporation: ________________________________
Address of Principal Office: __________________________________________
Name and Address of President:_______________________________________

Name of Contact Person of Rink:
Rink:_______________________________________________________________
Street:_____________________________________________________________
City:_______________________________________________________________
State: _________
Zip Code:__________________________
Telephone Number:_________________________________________________

Dates of Operation of Rink
Opening Date: _______________________________
Closing Date: ________________________________
Open Yearlong (circle one): Yes No
Ice Resurfacer Information

Brand of ice resurfacer: _____________________________
Fuel (Circle one): Gasoline  Propane  Natural Gas
Other____________________________________________

Age of Resurfacer (in years):_________________________
Other____________________________________________
Catalytic Converter (Circle One): Yes  No
Date of Last Tune Up: _______________________________
Exhaust Discharge at (Circle one): Ice Level  Above Ice
Name of person/company who did last tune up: ________________________________________________

Secondary Ice Resurfacer Information (if used)

Brand of ice resurfacer: _____________________________
Fuel (Circle one): Gasoline  Propane  Natural Gas
Other____________________________________________

Age of Resurfacer (in years):_________________________
Other____________________________________________
Catalytic Converter (Circle One): Yes  No
Date of Last Tune Up: _______________________________
Exhaust Discharge at (Circle one): Ice Level  Above Ice
Name of person/company who did last tune up: ________________________________________________

Edger

Brand of edger: _____________________________
Fuel (Circle one): Gasoline  Propane  Natural Gas
Other____________________________________________

Age of edger (in years):_________________________
Other____________________________________________
Catalytic Convert (Circle One): Yes  No
Date of Last Tune Up: _______________________________
Exhaust Discharge at (Circle one): Ice Level  Above Ice
Name of person/company who did tune up: ________________________________________________
Air Monitoring Equipment

Type of air monitoring equipment for carbon monoxide: ____________________________
Date of Last calibration: ____________________________
Type of air monitoring equipment for nitrogen dioxide: ____________________________
Date of Last calibration: ____________________________

Ventilation

Type of mechanical ventilation: ____________________________
Maximum air flow capacity (in feet per minute): ____________________________
Date of Last Maintenance: ____________________________

I hereby certify under the pain and penalties of perjury that I have personally examined and am familiar with the information submitted in this form and that such information is to the best of my knowledge and belief, true, accurate and complete.

Date: ____________________________
Signature: ____________________________
Printed Name: ____________________________
Title: ____________________________

Form: ice1/1997