



CITY OF NEWBURYPORT HEALTH DEPARTMENT

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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.

Application Status

Mark one selection New Application Renewal

Rink Information

Name of Rink: _____

Street: _____ City: _____ State: _____ 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: _____

Operator Information

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: _____

<p>Skip the following questions in this box if not applicable: If Operator is a Partnership, list general or other partners and addresses:</p> <p>_____</p> <p>_____</p> <p>If Operator is a Corporation, provide the following information:</p> <p>State & Date of Incorporation: _____</p> <p>Address of Principal Office: _____</p> <p>Name and Address of President: _____</p>
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Name of Contact Person of Rink: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Dates of Operation of Rink

Opening Date: _____

Closing Date: _____

Open Yearlong (circle one): Yes No

Ice Resurfacers 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 Resurfacers 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 Page 4

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: _____