

**MINNESOTA DEPARTMENT OF HEALTH
INDOOR GO KART LOG OF AIR QUALITY TESTING**

Arena Name: _____

Address: _____

Time Period of Log (include year): _____

Signature of Approval (arena manager): _____

REGULATION 4620.3900 - .4900 REQUIRMENTS

- Measure carbon monoxide and nitrogen dioxide levels at least once every 7 days when internal combustion engines are operated.
- Test at the 4 ft height in the driver/change area of track. Colorimetric tubes: grab samples should be taken every 15 minutes over 1 hour (4 total samples). Continuous tubes: samples should be taken every 10 minutes over 1 hour (6 total samples).
- Whenever carbon monoxide levels exceed 30 ppm and/or nitrogen dioxide levels exceed 0.5 ppm the Minnesota Department of Health **must be notified within 5 working days.**
- Whenever carbon monoxide levels exceed 125 ppm and/or nitrogen dioxide levels exceed 2.0 ppm, **immediately close and evacuate the arena.**

DATE	TIME (NOTE A.M. OR P.M.)		CARBON MONOXIDE (ppm)	NITROGEN DIOXIDE (ppm)	SIGNED
Pump Leak Test		Pass ___ Fail ___	or Calibration	Pass ___ Fail ___	
			1. 3. 5. 2. 4. 6.	1. 3. 5. 2. 4. 6.	
			1. 3. 5. 2. 4. 6.	1. 3. 5. 2. 4. 6.	
			1. 3. 5. 2. 4. 6.	1. 3. 5. 2. 4. 6.	
			1. 3. 5. 2. 4. 6.	1. 3. 5. 2. 4. 6.	
Pump Leak Test		Pass ___ Fail ___	or Calibration	Pass ___ Fail ___	
			1. 3. 5. 2. 4. 6.	1. 3. 5. 2. 4. 6.	
			1. 3. 5. 2. 4. 6.	1. 3. 5. 2. 4. 6.	
			1. 3. 5. 2. 4. 6.	1. 3. 5. 2. 4. 6.	
			1. 3. 5. 2. 4. 6.	1. 3. 5. 2. 4. 6.	

DATE	TIME (NOTE A.M. OR P.M.)		CARBON MONOXIDE (ppm)			NITROGEN DIOXIDE (ppm)			SIGNE
Pump Leak Test		Pass Fail ___	or	Calibration	Pass ___ Fail ___				
			1. 2.	3. 4.	5. 6.	1. 2.	3. 4.	5. 6.	
			1. 2.	3. 4.	5. 6.	1. 2.	3. 4.	5. 6.	
			1. 2.	3. 4.	5. 6.	1. 2.	3. 4.	5. 6.	
Pump Leak Test		Pass Fail ___	or	Calibration	Pass ___ Fail ___				
			1. 2.	3. 4.	5. 6.	1. 2.	3. 4.	5. 6.	
			1. 2.	3. 4.	5. 6.	1. 2.	3. 4.	5. 6.	
			1. 2.	3. 4.	5. 6.	1. 2.	3. 4.	5. 6.	
			1. 2.	3. 4.	5. 6.	1. 2.	3. 4.	5. 6.	
Pump Leak Test		Pass ___ Fail ___	or	Calibration	Pass ___ Fail ___				
			1. 2.	3. 4.	5. 6.	1. 2.	3. 4.	5. 6.	
			1. 2.	3. 4.	5. 6.	1. 2.	3. 4.	5. 6.	
			1. 2.	3. 4.	5. 6.	1. 2.	3. 4.	5. 6.	
			1. 2.	3. 4.	5. 6.	1. 2.	3. 4.	5. 6.	

DATE	TIME (NOTE A.M. OR P.M.)		CARBON MONOXIDE			NITROGEN DIOXIDE			SIGNED
Pump Leak Test		Pass ___ Fail ___	or	Calibration	Pass ___ Fail ___				
			1. 2.	3. 4.	5. 6.	1. 2.	3. 4.	5. 6.	
			1. 2.	3. 4.	5. 6.	1. 2.	3. 4.	5. 6.	
			1. 2.	3. 4.	5. 6.	1. 2.	3. 4.	5. 6.	
			1. 2.	3. 4.	5. 6.	1. 2.	3. 4.	5. 6.	
Pump Leak Test		Pass ___ Fail ___	Or	Calibration	Pass ___ Fail ___				
			1. 2.	3. 4.	5. 6.	1. 2.	3. 4.	5. 6.	
			1. 2.	3. 4.	5. 6.	1. 2.	3. 4.	5. 6.	
			1. 2.	3. 4.	5. 6.	1. 2.	3. 4.	5. 6.	
			1. 2.	3. 4.	5. 6.	1. 2.	3. 4.	5. 6.	

Mail a copy of your logs quarterly to:

Mail to:

Lisa Smith

Minnesota Department of Health

Indoor Air Unit

625 Robert Street North

PO Box 64975

St. Paul, MN 55164-0975

(651) 201-4601 or 800-798-9050

Schedule:

Date of Measurements

Oct 1 - Dec 31 – Logs Due By: January 15

Jan 1 - Mar 31 – Logs Due By: April 15

Apr 1 - Jun 30 – Logs Due By: July 15

Jul 1 - Sep 30 – Logs Due By: October 15