



# EXCEEDING AIR QUALITY STANDARDS REPORTING FORM

Complete this form when carbon monoxide (CO) levels exceed 30 ppm and/or nitrogen dioxide (NO<sub>2</sub>) levels exceed 0.5 ppm.

Arena Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Whenever air quality standards are exceeded, you are required to notify the Minnesota Department of Health within five (5) working days either in writing or by phone 651-201-4601. Immediately after the air quality standards are exceeded, you need to take air quality tests daily. Once you have had 5 consecutive days of acceptable levels of carbon monoxide and nitrogen dioxide then you may go back to taking air quality measurements weekly.

### VIOLATION INFORMATION

Date of Violation	Time (note AM or PM)	Number of Resurfacings	Air Quality in PPM		Arena Conditions Example: Fans Off
			CO	NO <sub>2</sub>	

Corrective action taken \_\_\_\_\_

Probable cause of violation \_\_\_\_\_

### 5 CONSECUTIVE DAYS OF ACCEPTABLE LEVELS INFORMATION

Date	Time (note AM or PM)	Number of Resurfacings	Air Quality in PPM		Arena Conditions Example: Fans Off
			CO	NO <sub>2</sub>	

After 5 consecutive days of acceptable levels of carbon monoxide and nitrogen dioxide, return this completed form to:

Minnesota Department of Health  
Indoor Air Unit  
PO Box 64975  
St. Paul, MN 55164-0975

Arena Manager Signature \_\_\_\_\_ Date \_\_\_\_\_