

Application for Enclosed Arena Certificate Approval

This form, completed properly and filed with the Minnesota Department of Health, constitutes application for a Certificate of Approval for operation of an enclosed arena in accordance with Minnesota Rules, part 4620.4100. This application does not imply approval or disapproval. A Certificate of Approval will be issued upon approval by the commissioner or commissioner’s designee. It must be displayed in a location within the arena building that is clearly visible to the public.

General Arena Building Information

| | |
|-------------------------------------|-----------------------|
| Name of Arena Building | Phone |
| Arena Physical Address | Arena Mailing Address |
| City, State, Zip | City, State, Zip |
| Arena Building Manager (Individual) | Arena Manager Phone |
| Arena Manager Email | Arena Website |

Building Operator Information

| | |
|--|----------------------|
| Arena Building Operator (Organization) | Phone |
| Address | MN Business Tax ID # |
| City, State, Zip | Operator’s phone |

Trained Responsible Persons

The following individuals have received training according to Minnesota Rules, part 4620.4450 and may be the responsible person in charge at any given time.

| | |
|--|--|
| | |
| | |
| | |
| | |

Air Quality Measuring Devices

The following air quality measuring devices meet the requirements of Minnesota Rules, part 4620.4550 and will be used to meet the air testing requirements of part 4620.4510, 4620.4600 and 4620.4700 in the arena building.

| Instrument Make | Model | Monitored Contaminant (CO and/or NO2) | Range in ppm (eg: 0 – 100 ppm) | Resolution (eg: 1 ppm) | Manufacturer specified calibration frequency (for electric instruments) |
|-----------------|-------|---------------------------------------|--------------------------------|------------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |

If you do not have an air quality measuring device in your arena building (because you do not regularly operate internal combustion engine-powered ice maintenance equipment in the building), please explain below how you will obtain air monitoring equipment in the event when needed (unvented fuel burning equipment is used in the arena).

Individual Arena Information

Complete this page for each room that houses an ice sheet.

| | |
|--|---|
| Name of Arena | Normal days of week arena is open to the public |
| Expected dates arena is open to the public | Normal operating hours |

Which of the following unvented, fuel-burning equipment do you expect to use in the arena over the next 12 months (please check all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Ice resurfacing machine | <input type="checkbox"/> Manlift |
| <input type="checkbox"/> Ice edger | <input type="checkbox"/> Portable generator |
| <input type="checkbox"/> Ice sweeper | <input type="checkbox"/> Portable heater |
| <input type="checkbox"/> Line painter | <input type="checkbox"/> Other (specify) _____ |

Ice Resurfacers Information

Ice Resurfacers # 1 (Primary)

| | | |
|---|-------|------------|
| Manufacturer | Model | Model year |
| Fuel Type: <input type="checkbox"/> LP <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas | | |

Ice Resurfacers # 2 (Secondary/Back-up)

| | | |
|---|-------|------------|
| Manufacturer | Model | Model year |
| Fuel Type: <input type="checkbox"/> LP <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas | | |

Ice Edgers Information

Ice Edgers # 1 (Primary)

| | | |
|---|-------|------------|
| Manufacturer | Model | Model year |
| Fuel Type: <input type="checkbox"/> LP <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas | | |

Ice Edgers # 2 (Secondary/Back-up)

| | | |
|---|-------|------------|
| Manufacturer | Model | Model year |
| Fuel Type: <input type="checkbox"/> LP <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas | | |

APPLICATION FOR ENCLOSED ARENA CERTIFICATE APPROVAL

I have provided true and complete information and I understand MDH's Tennesen Warning which is available by calling 651-201-4601 or from MDH's website at: Tennesen Warning (PDF) <https://www.health.state.mn.us/communities/environment/air/docs/arenas/tennessen.pdf>

I also understand that submitting false information allows MDH to deny, suspend, revoke or take other action against this certification.

Name _____

Signature _____ Date _____

Please send completed application and individual arena information to

Minnesota Department of Health
Indoor Air Unit
PO Box 64975
St. Paul, MN 55164-0975
651-201-4601
health.indoorair@state.mn.us
www.health.state.mn.us/

Sept 2017

To obtain this information in a different format, call: 651-201-4601.

Printed on recycled paper.

MDH use only

Approved _____

Denied _____

Date _____