



# TOWN OF TEWKSBURY

HEALTH DEPARTMENT

TOWN HALL

1009 MAIN STREET

TEWKSBURY, MASSACHUSETTS 01876

(978) 640-4470 Fax (978) 640-4472 Nurse's Line (978) 640-4473

health@tewksbury-ma.gov

**FEE: \$300.00**

## 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:

#### Rink Information

#### Application Status

Mark one selection

\_\_\_\_ New Application \_\_\_\_ Renewal

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_

**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: \_\_\_\_\_



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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 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: \_\_\_\_\_