

MILTON BOARD OF HEALTH

INDOOR ICE RINK PERMIT

Supplemental Information

DATE: _____

Dates of Operation of Rink

Opening Date: _____

Closing Date: _____

Open Year-long (circle one): Yes No

Ice Resurfacers Information

Brand of Ice Resurfacers: _____

Fuel (Circle one): Gasoline Propane Natural Gas Other _____

Age of Resurfacers (in years): _____ 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): _____ 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 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 certify that the information I have provided is true and accurate.”

Signature of Applicant: _____

