

INDOOR ICE SKATING RINK CERTIFICATION

This is to certify that the _____ indoor ice
Name of Facility
skating rink located at _____,
Street *City/Town*

Massachusetts, is in compliance with 105 CMR 675.016(C), Requirements to Maintain Air
Quality in Indoor Ice Skating Rinks (STATE SANITARY CODE, CHAPTER XI).

_____, of _____,
Owner/Operator *Street*
_____, _____ may operate this facility in compliance
City/Town *State*

with these regulations. This certificate is valid for a period of one year from the date of issuance,
_____, by the Board of Health. This certification shall expire on _____,
Date of Issuance *Expiration Date*

after which the indoor ice skating rink must submit a renewal application of certification to the Board of Health
pursuant to 105 CMR 675.016(D). This certificate must be posted in accordance with 105 CMR 675.016(E) in
allowing it to be readily viewed by the public.

Carbon Monoxide Levels Measured by Board of Health: _____ parts per million (ppm)

Nitrogen Dioxide Levels Measured by Board of Health: _____ parts per million (ppm)

This certificate denotes the following variance(s) approved by the Board of Health and Massachusetts
Department of Public Health pursuant to 105 CMR 675.024:

_____ of _____, MA _____
Agent, Board of Health *City/Town* *Date*