

# Enclosed Arena Certificate Approval Application

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 information

Name of arena building \_\_\_\_\_ Arena phone # \_\_\_\_\_

Arena **physical** address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Arena **mailing** address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Arena website: \_\_\_\_\_

Arena building manager (individual) \_\_\_\_\_

Building manager phone # \_\_\_\_\_

Building manager email \_\_\_\_\_

## Building operator information

Arena building operator (organization) \_\_\_\_\_

MN Business ID # \_\_\_\_\_

Building operator address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Building operator phone # \_\_\_\_\_

## Trained responsible persons

**All arenas**, including those who use only electric powered equipment, are required to train employees according to Minnesota Rules, part 4620.4450. This training needs to be conducted annually and must be documented with staff signature. A training log is available on our website.

Please check the following to acknowledge:

Staff have been trained **annually** on the required topics

Training records or logs show staff signatures to acknowledge they have been trained

Training records are kept in the arena building and available for review

## 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:

### Air Quality Measuring Devices

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 \_\_\_\_\_

Expected dates arena is open to the public \_\_\_\_\_

Normal days of week 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 (check all that apply)?

Ice resurfacing machine

Manlift

Ice edger

Portable generator

Ice sweeper

Portable heater

Line painter

Other (specify) \_\_\_\_\_

### Ice Resurfacers Information

#### Ice resurfacers # 1 (primary)

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Model year \_\_\_\_\_

Fuel Type:    LP    Gasoline    Diesel    Electric    Natural Gas

#### Ice resurfacers # 2 (secondary/Back-up)

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Model year \_\_\_\_\_

Fuel Type:    LP    Gasoline    Diesel    Electric    Natural Gas

### Ice Edgers Information

#### Ice edger # 1 (primary)

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Model year \_\_\_\_\_

Fuel Type:    LP    Gasoline    Diesel    Electric    Natural Gas

#### Ice edger # 2 (secondary/Back-up)

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Model year \_\_\_\_\_

Fuel Type:    LP    Gasoline    Diesel    Electric    Natural Gas

ENCLOSED ARENA CERTIFICATE APPROVAL APPLICATION

Individual Completing Application

I have provided true and complete information and I understand MDH’s Tennesen Warning which is available by calling 651-201-4601 or found at [Tennesen Warning \(PDF\)](https://www.health.state.mn.us/communities/environment/air/docs/arenas/tennessen.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](mailto:health.indoorair@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

**FOR MDH USE ONLY:**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

03/2023

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