

# ICE RINK RISK REDUCTION

Directions: For NDIRF Member Services Representative. Complete one form for each sheet of ice at the review site.

Member Name	Policy Number	Item Number	Survey Date
Manufacturer	System Age	System Life Expectancy	

**SYSTEM TYPE**

- Freon  
 Ammonia       Leak Detection System in Place       Central Monitored  
 CO2

**SUBSURFACE**

- Concrete       Sand

**MAINTENANCE SCHEDULE**

Contracted Service Provider	Provider's Location	Provider Offers Emergency/Off-Hour Support <input type="checkbox"/> Yes <input type="checkbox"/> No
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- Annual      List Services Provided: \_\_\_\_\_  
 Semi-Annual      List Services Provided: \_\_\_\_\_  
 Quarterly      List Services Provided: \_\_\_\_\_

Available Inspection Report:     Yes     No

Do employees participate in system training?

- Yes     No

Is employee training recurring?

- Yes     No

Frequency of visual inspections (thickness, bulging, uneven freezing, partial thawing, etc.): \_\_\_\_\_

Is there a detection system in place, if equipment malfunctions when no one is onsite?     Yes     No

Is there a loss mitigation system in place, if the equipment malfunctions?     Yes     No

*Check all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Diagram or physical layout plan?               | <input type="checkbox"/> Shutoff valves?                                 |
| <input type="checkbox"/> Clean-up protocols?                            | <input type="checkbox"/> Emergency numbers to contact?                   |
| <input type="checkbox"/> Rental equipment contracts with local vendors? | <input type="checkbox"/> Inventory program for spare refrigerant or oil? |

Are ice activities suspended during the summer months?     Yes     No

If so, what is the standard protocol? \_\_\_\_\_

Were rust inhibitors added?     Yes     No

If so, when and how often? \_\_\_\_\_

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