



Date: ____/____/____

Fire Permit #: _____

MOBILE FOOD VENDOR INSPECTION FORM

Items marked with * will be checked at time of inspection

Business Name: _____

Business Address: _____

Business Telephone Number: _____

On Site Contact: _____ Cell #: _____

Vehicle Lic. Plate: _____ State: _____

Type of Vehicle: _____

Liability Insurance Provider: _____ Expiration Date: _____

Policy #: _____

Vehicle Insurance Provider: _____ Expiration Date: _____

Policy #: _____

Exterior of the Vehicle

***Vehicle Location:** 10' Clearance from other vehicles/structures: ___ Yes ___ No

LP/CNG Tanks:

Number of Tanks: _____ Size of each Tank: _____

Tank Condition: _____ Last Hydro test on the Tanks: _____

Mounting of LP/CNG Tanks

___ Rear Mount ___ Cabinet Mount ___ Chassis Mount

Condition of the Cabinet: _____ Placard on the Cabinets: _____

Location of the Regulator: _____ *Condition: _____

"NO SMOKING SIGNS" by Propane Tanks: _____ *Shutoff Accessible: ___ Yes ___ No

Generators

Mounted: ___ Yes ___ No Location: _____

Type of fuel: ___ Diesel ___ LP ___ Gasoline Hard Line from vehicle tank: ___ Yes ___ No

*Condition of the Generator: _____

Extension Cords: ___ Yes ___ No How Many: _____ *Condition: _____

*Extension Cord(s) a Trip Hazard: ___ Yes ___ No

*Generator clear of all combustibles: ___ Yes ___ No

Awnings

___ Yes ___ No Location: _____

Have the Awnings be fire tested: ___ Yes ___ No

Interior of the Vehicle

Appliances

Stove: ___ LP ___ Electric

Grill: ___ LP ___ Electric

Fryer: ___ LP ___ Electric ___ Closeable Lid

How many Gallons of Oil: _____ *Over all Condition of the Appliances: _____

Suppression/Hood

Hood Suppression System: ___ Yes ___ No *Last Inspection: _____

Company: _____

Ventilation System: ___ Yes ___ No *Last Cleaning: _____

Company: _____

Portable Fire Extinguishers

ABC: ___ Yes ___ No How Many: _____ Size: _____

"K" Class: ___ Yes ___ No How Many: _____

Detectors

Smoke Detector: ___ Yes ___ No

Carbon Monoxide Detector: ___ Yes ___ No

Gas Detector: ___ Yes ___ No

Comments: _____

Inspection Result: ___ Pass ___ Fail

Inspected by: _____ ID#: _____ Date: _____