



Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fire Permit #: \_\_\_\_\_

### MOBILE FOOD TRUCK/TRAILER 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: \_\_\_\_\_