**CLEMENTON BUREAU OF FIRE SAFETY**

**MOBILE FOOD VENDOR INSPECTION FORM**

Date:    /   /

Business Name:

Mobile Food Vendor Vehicle Name:

Business Address:

Business Telephone Number: (     )     -

E-Mail:

Owner Name:

Owner Home Address:

Location where the vehicle is stored:

Vehicle Lic. Plate:       State:

VIN:

Type of Vehicle:

Fire Safety Permit #:

***Exterior of the Vehicle***

**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:

Chassis Mount Location of the Regulator:

“NO SMOKING SIGNS” located by the Propane Tanks:

Placard on the Cabinets:

**Generators**

Mounted: [ ]  Yes [ ]  No Location:

Type of fuel: [ ]  Diesel [ ]  LP [ ]  Gasoline

Hard Lined from Fuel Tank of the Vehicle: [ ]  Yes [ ]  No

Condition of the Generator:

Extension Cords: [ ]  Yes [ ] No

How Many:       Condition:

Is the Extension Cords a Trip Hazard: [ ]  Yes [ ]  No

Is the Generator clear of all combustibles: [ ]  Yes [ ]  No

**Awnings**

[ ]  Yes [ ]  No Location:

Have the Awnings be fire tested: [ ]  Yes [ ]  No

***Interior***

Hood Suppression System: [ ]  Yes [ ]  No

Last Inspection:       Company:

Last Cleaning:

Last Time Fusible Links where changed:

Over all Condition of the Hood System:

**Portable Fire Extinguishers**

ABC: [ ]  Yes [ ]  No How Many: What Size:

“K” Class: [ ]  Yes [ ]  No How Many:

Ventilation System: [ ]  Yes [ ]  No

Over all Condition:

Over all Condition of the Cooking Area

Smoke Detector: [ ]  Yes [ ]  No

Carbon Monoxide Detector: [ ]  Yes [ ]  No

Gas Detector: [ ]  Yes [ ]  No

**Appliances**

Stove: [ ]  LP [ ]  Electric

Grill: [ ]  LP [ ]  Electric

Fryer: [ ]  LP [ ]  Electric [ ]  Closeable Lid

How many Gallons of Oil:

Over all Condition of the Appliances:

Date

Re-inspection Date:

Comments:

Inspected by:       ID#: