

**MOBILE FOOD VENDOR  
INSPECTION FORM  
FIRE INSPECTOR SERVICES**



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: \_\_\_\_\_

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**Appliances**

Stove: \_\_\_\_ LP \_\_\_\_ Electric

Grill: \_\_\_\_ LP \_\_\_\_ Electric

Fryer: \_\_\_\_ LP \_\_\_\_ Electric \_\_\_\_ Closeable Lid

How many Gallons of Oil: \_\_\_\_\_

Over all Condition of the Appliances:

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Ventilation System:  Yes  No

Over all Condition:

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Over all Condition of the Cooking area:

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Smoke Detector:  Yes  No

Carbon Monoxide Detector:  Yes  No

Gas Detector:  Yes  No

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

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

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Date- \_\_\_\_\_

Re-inspection Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspected by: \_\_\_\_\_ ID#: \_\_\_\_\_