

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

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Date \_\_\_\_\_

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

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

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Inspected by: \_\_\_\_\_

ID#: \_\_\_\_\_