

Fire & Life Safety Bureau

"Excellence through Engineering, Education and Enforcement"



Mobile Food Vehicle Inspection Checklist

Business Name: _____ Date: _____

Business Address: _____ City/State/Zip: _____

Owner's Name: _____

Owner's Address: _____ City/State/Zip: _____

Owner's Phone #: _____ Email: _____

Food Vehicle/Trailer License Plate # _____ State: _____

DBPR License # _____ Exp. Date: _____

MFV is in compliance with NFPA fire safety standards Yes No

Exterior

LP/CNG Tanks: Number of Tanks: _____ Size of Tanks (lbs): 20 30 40 100 N/A

Labeled LP/CNG System Shut offs: Yes No N/A Location _____

Properly Mounting of CNG/LP Tanks: Yes No N/A

Properly Mounted Portable Generator: Yes No N/A

Egress Points Unobstructed: Yes No

Tires Properly Chalked Yes No

Interior

Portable Extinguisher: 2A10BC minimum Yes No Certification Date: _____

Portable Extinguisher: Class K: Yes No Certification Date: _____

Exhaust Hood: Yes No N/A

Hood Cleaning Certification: Yes No Certification Date: _____

Hood Needs Cleaning: Yes No N/A

Suppression System: Yes No Certification Date: _____

Proper suppression nozzle coverage: Yes No N/A

Fire & Life Safety Bureau

"Excellence through Engineering, Education and Enforcement"



Suppression pull station accessible: Yes No N/A

Carbon Monoxide (CO) Detector: Yes No N/A

Monthly LP-Gas test documentation: Yes No N/A

LP/CNG Gas System

Each appliance makes connection to gas line under the floor and outside of the vehicle:

Yes No N/A

Violation Section

- Missing or inoperative automatic and manual gas shutoff devices
- Failure to have proper mounting of propane or natural gas systems
- Failure to have portable generator properly located
- Failure to properly store flammable liquids
- Missing, insufficient, inoperative inaccessible, or not serviced fire extinguishers
- Missing, insufficient, inoperative, or not properly serviced Hood/Suppression System
- Missing, insufficient, inoperative carbon monoxide detector (If Applicable)

Comments

Inspector: _____

Agency: _____ Date: _____