

# Food Truck / Trailer Inspection

## PLEASE FILL OUT TOP SECTION

Inspection Date: \_\_\_\_\_

Vehicle Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Location of Operation: \_\_\_\_\_

Days of Operation: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

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### Fire Department Use Only

Vehicle Type:

Truck

Trailer

Is Propane tank protected & in GOOD SHAPE?  Yes  No  N/A

Are Propane lines protected & in GOOD SHAPE?  Yes  No  N/A

Is Fire Extinguisher Charged & Working?  Yes  No  N/A

Hood Ventilation System (White Sticker)  Yes  No  N/A

Reason for FAILURE: \_\_\_\_\_

Correction Re-Inspection Date: \_\_\_\_\_