

FIRE DEPARTMENT

CITY OF VENTNOR
DEPARTMENT OF PUBLIC SAFETY

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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 License Plate Number : _____ State : _____

Type of Vehicle : _____

Fire Safety Permit Number : _____

Exterior of the Vehicle

LP/CNG Tanks :

Number of Tanks : _____ Size of each Tank : _____

Tank Condition : _____ Last Hydro Test on the Tank : _____

Mounting of LP/CNG Tanks

____ Cabinet Mount ____ Chassis Mount ____ Rear Mount

Condition of the Cabinet : _____

Chassis Mount Location of the Regulator : _____

“NO SMOKING SIGNS “ Located by the Fuel Tanks : _____

Placard on the Cabinets : _____

STOP FIRES-SAVE LIVES

MOBILE FOOD VENDOR INSPECTION FORM

Exterior of the Vehicle

Generators

Mounted : Yes No Location : _____

Type of Fuel : Diesel Gasoline LP

Hard Lined from the 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 been Fire Tested : Yes No

Interior of the Vehicle

Hood Suppression System : Yes No

Last Inspection : _____ Company : _____

Last Cleaning : _____ Last Time Fusible Links were Changed : _____

Portable Fire Extinguishers

ABC : Yes No How Many : _____ What Size : _____

How Many : _____ What Size : _____

" K " Class : Yes No How Many : _____

Over all Condition of the Hood System : _____

MOBILE FOOD VENDOR INSPECTION FORM

Interior of the Vehicle

Ventilation System : Yes No

Over all Condition : _____

Over all Condition of the Cooking Area : _____

Smoke Detector : Yes No Gas Detector : Yes No

Carbon Monoxide 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 # : _____