



WILDER RURAL FIRE PROTECTION DISTRICT

Food Truck Inspection

(Refer to Idaho State Fire Marshal's Food Inspection Checklist)

Date: _____

Name of Food Truck: _____

Event Location: _____

Operator/Owner: _____

Address: _____ City: _____

Business Phone #: _____ Other Phone #: _____

REMARKS: _____

Food Truck passes inspection : Yes No

INSPECTION BY: _____

TITLE AND AGENCY: _____

Signature of Inspector: _____ Date: _____

Name of Food Truck Operator/Owner (please print): _____

Signature of Food Truck Operator/Owner: _____ Date: _____