FOOD TRUCK / CONCESSION TRAILERS / TENTS

VENDOR NAME:				DA1	E:		
CONTACT NAME:				PHONE#: ()	2	-
ITEM	SAT	UNSAT	N/A	ITEM	SAT	UNSAT	N/A
GENERAL SAFETY				FIRE SUPPRESSION SYSTEM			
1) Current City Business License				1) Portable ABC Fire Extinguisher			
2) Current Health Department Permit				A. Minimum 2A:10BC (Non Propane Units)			
3) No public seating inside unit				B. Minimum 4A:40BC (Propane Units)			
4) Minimum 10 ft. clearance around unit		7.		C. Travel distance <30 feet			
5) Adequate fire department access				D. Current certification tag			
POWER SOURCE (GENERATORS) & FUEL SUPPLY				E. Visible and accessible			
1) Fuel tanks filled to capacity				2) Portable Class K Fire Extinguisher			
REFUELING IS ONLY ALLOWED DURING	NON-OPER	ATING HOURS	s	A. Minimum 2.5 gallon Class K			
2) Portable Generator Exhaust System			1	B. Travel distance <30 feet			
A. Min 10 ft from opening and intakes				C. Current certification tag			
B. Min 10 ft from means of egress				D. Visible and accessible			
C. Directed away from buildings/ vendors				3) Hood System			
3)Electrical receptacles GFCI protected				TYPE 1 HOOD SYSTEM REQUIRED FOR FRY	ING OR GRII	LING OPERA	TIONS
A. No open junction boxes/unsafe conditions				A. Current certification tag (6 Months)			
LP-GAS SYSTEM Pressure test conducted?				B. Manual pull station/ along path of egress			
1) Main shut off valve accessible				C. Filters clean / in place			
2) Portable containers upright and secure				D. UL-300 compliant			
3) Leak test completed and documented		Ť ·		E. Proper head placement with appliances			
4) Leak test supplies available at event		i -		F. Utility controls / Auto shutoffs installed			
5) Flex connector at regulator/fixed pipe				SOLID FUEL SAFETY (WOOD, CHARCOAL, O	THER SOLID	FUEL USE)	Ü.
6) Gas detector installed and tested				1) No fuel storage above appliances/vents			
7) Container within 10 yr manufacturer date				2) Fuel storage >3 ft to cooking appliance			
8) Tank Condition (rust, pits, dents, damage)				3) Fuel storage not near any combustibles			
9) Hose assembly marked for LPG use				4) Fuel storage not in path of ash removal			
10) Hose equipped with factory fittings				5) Fuel storage not near removed ashes			
11) No CSST Piping installed in trailer/truck				6) Firebox emptied minimum once per day			
12) Gas connections/ T's located beneath unit				7) Ash stored in closed, metal container			
13) Grommets around all pipe penetrations				8) Removed ash > 3 ft. to any appliance			
L4)ANSI Z 21.69 flexible appliance connector				ON SITE EVENT INSPECTION TENT/CANO	PY/MEMBR	ANE STRUCT	URE
LPG CYLINDERS THAT APPEAR TO BE OVERFILLED OR HAVE ANY DISCREPANCIES MUST BE REMOVED FROM THE PROPERTY PRIOR TO THE EVENT				1) Original Manufacture Label present	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				LABEL MUST PROVIDE INFORMATION ON SIZE, FABRIC AND FIRE RESISTANCE RATING			
OPERATIONAL SAFETY				2) No Smoking / Exit Signs posted			
1) Hot surfaces attended at all times				3) No Flammable liquids inside tent / canopy			
2) Gas valves closed when not in use				4) No combustible material inside tent / canopy			
3) Cooking equipment in clean condition				5) Properly secure / fastened down			
4) Operate units with vents / window open				6)Protective barrier around generator			
		A TOTAL TOTAL TOTAL	Control of the Control				
#							
			3				

This APPROVED inspection form is validuntil December 31 of this year. Any modifications or alterations of appliances, operating procedures, or safety equipment may void this permit, and the Fire Marshal's office shall be notified to schedule a reinspection.

CORRECTIVE ACTION SHALL BE CARRIED OUT IMMEDIATELY TO CORRECT ALL VILOATIONS NOTED.

THE FIRE MARSHAL'S OFFICE DOES NOT GRANT PERMISSION OR APPROVAL OF A BUSINESS/OPERATION WHERE VIOLATIONS EXIST.

NOTIFY THIS OFFICE AS CORRECTIVE ACTIONS ARE COMPLETED.

RE OFFICIAL:	OCCUPANT: