

## **City Of Rochester**

## Fire Department MOBILE FOOD VEHICLE INSPECTION CHECKLIST

BUSINESS NAME:
BUSINESSADDRESS:
OWNER:
OWNER ADDRESS:
ΓΕLΕΡΗΟΝΕ:
MFV LICENSE PLATE#:
COMMISSARY LOCATION:
DATE:
CITY, STATE ZIP:
DL#: ST:
CITY, STATE ZIP:
CELL
PROJECT #:
FIRE SAFETY APPLICATION #:

## **EXTERIOR**

LP/CNG Tanks:			
Number of Tanks:			
Size of Tanks:			
Labeled LP/CNG Tank Shut offs: $\square$ Yes	$\square$ No		
<b>Mounting of CNG/LP Tanks</b>			
$\square$ Rear Mounted – Proper Height & Enclosur	ıre		
☐ Cabinet Mounted – Proper Enclosure			
☐ Chassis Mounted– Proper Mounting			
CNG/LP Regulator protected from weather: □ Yes □ No			
APPLIED WARNING LABLES – PLACARDS AND TAGS			
NAME OF MFV:	□ Yes □ No		
No Smoking Signage (English/Spanish):	□ Yes □ No		
OSHA 3-IN-1 HAZARD:	□ Yes □ No		
GENERATOR			
Mounting Location (Sector) of Generator:			
$\Box$ 1	$\Box 2 \qquad \Box 3 \qquad \Box 4$		
Is the Generator separated from nearby com	abustibles: $\square$ Yes $\square$ No		
Generator Powered by:			
$\Box$ Diesel $\Box$ LP $\Box$ Gasoline			
☐ Hard-lined plumbed from a Fuel 7	Tank Tank		
☐ Fire Extinguisher 3A40BC			

## **AWNINGS Awnings Mounted in Sector:** Location of Awnings? □ Yes $\square$ 2 $\square$ 4 □ No Awnings Awnings Fire Treated: ☐ No Awnings $\square$ Yes $\square$ No FLAMMABLE LIQUID STORAGE **Location of flammable liquids and other fire hazards.** Proper storage location: $\square$ Yes $\square$ No **INTERIOR** MFV Floor Plan Posted on Board: $\square$ Yes $\square$ No Propane Records on Board: $\square$ Yes $\square$ No Maintenance Records on Board: $\square$ Yes $\square$ No Suppression System: Ansul R102: $\square$ Yes $\square$ No "K" Class: $\square$ Yes $\square$ No Portable Extinguishers: 10BC or 2A10BC: $\square$ Yes $\square$ No "K" Class: $\square$ Yes $\square$ No Ventilation System: $\square$ Yes $\square$ No **Exhaust Hood:** $\square$ Yes $\square$ No **Roof Mounted Vents:** $\square$ Yes $\square$ No $\square$ 3 Number of Roof Mounted Vents: $\Box$ 1 $\square$ 2 $\Box$ 4 Ceiling Construction: Stainless Tile □ Other\_\_\_\_\_ Wall Construction: Stainless Tile □ Other\_\_\_\_ Floor Construction: Stainless Tile □ Other \_\_\_\_\_ Carbon Monoxide (CO) Detector Installed: ☐ Yes ☐ No

INGRESS/EGRESS POINTS				
Egress points unencumbered: $\square$ Yes $\square$ No				
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APPLIANCES				
Propane/CNG appliances clearly marked with NSF, ULS, ETL labels:	$\square$ Yes $\square$ No			
Closeable Lid/s on frying Appliance/s:	$\square$ Yes $\square$ No			