FOOD TRUCK / CONSESSION TRAILERS / TENTS

| VENDOR NAME: | | | | D | ATE: | | |
|---|-----------|-------------|---|--|-----------------|---------------|-------|
| CONTACT NAME: | | | | PHONE#: (|) | - | |
| 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 | | | | 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-OPERA | ATING HOURS | | A. Minimum 2.5 gallon Class K | | | |
| 2) Portable Generator Exhaust System | | | | 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 | | | | 3) Hood System | | | |
| D. Directed away from other vendors | | | | TYPE 1 HOOD SYSTEM REQUIRED FOR FE | YING OR G | RILLING OPERA | TIONS |
| 3) All electrical complies with NFPA 70 | | | | A. Current certification tag (6 Months) | | | |
| 4) Protective barrier around generator | | | | B. Manual pull station | | | |
| LP-GAS SYSTEM | | | | C. Filters clean / in place | | | |
| 1) Main shut off valve accessible | | | | D. UL-300 compliant | | | |
| 2) Portable containers upright and secure | | | | E. Proper head placement with appliances | | | |
| 3) Leak test completed and documented | | | | F. Utility controls / Auto shutoffs installed | | | |
| 4) Leak test supplies available at event | | | | SOLID FUEL SAFETY (WOOD, CHARCOAL, | OTHER SOL | ID FUEL USE) | |
| 5) Flex connector at regulator/fixed pipe | | | | 1) No fuel storage above appliances/vents | | | |
| 6) Gas detector installed and tested | | | | 2) Fuel storage >3 ft to cooking appliance | | | |
| 7) Container within 10 yr manufacturer date | | | | 3) Fuel storage not near any combustibles | | | |
| 8) Tank Condition (rust, pits, dents, damage) | | | | 4) Fuel storage not in path of ash removal | | | |
| 9) Hose assembly marked for LPG use | | | | 5) Fuel storage not near removed ashes | | 27 | |
| 10) Hose equipped with factory fittings | | | | 6) Firebox emptied minimum once per day | | | |
| 11) No CSST Piping installed in trailer/truck | | | | 7) Ash stored in closed, metal container | | | |
| 12) Gas connections/ T's located beneath unit | | | | 8) Removed ash > 3 ft. to any appliance | | | |
| 13) Grommets around all pipe penetrations | | | | TENT/CANOPY/MEMBRANE STRUCTURE | | | |
| LPG CYLINDERS THAT APPEAR TO BE OVERFILLED OR HAVE ANY DISCREPANCIES MUST BE FROM THE REMOVED PROPERTY PRIOR TO THE EVENT | | | 1) Original Manufacture Label present | | | | |
| OPERATIONAL SAFETY | | | LABEL MUST PROVIDE INFORMATION ON SIZE, | FABRIC AND | FIRE RESISTANCE | RATING | |
| | | | | 2) No Smoking / Exit Signs posted | | | |
| 1) Hot surfaces attended at all times | | | | 3) No Flammable liquids inside tent / canopy | | | |
| Gas valves closed when not in use Cooking equipment in clean condition | | | | 4) No combustible material inside tent / canopy 5) Properly secure / fastened down | - | | |
| 4) Operate units with vents / window open | | | | 5) Properly secure / fastened down | | | |
| 4) Operate units with vents / window open | Use Pare | | | | | | |
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This APPROVED inspection form serves as your permit (in Huntsville) for one (1) year from this date. 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.

| FIRE OFFICIAL: | OCCUPANT: |
|----------------|-----------|
| TIKE OTTICIAE. | OCCOPANT. |