



EATONTOWN BOROUGH
Bureau of Fire Safety
Mobile Food Vehicle Inspection Form

Date: _____ Fire Safety Permit # _____

Business Name: _____

Mobile Food Vendor Vehicle Name: _____

Business Address: _____

Business Telephone Number: _____

Email Address: _____

Owner Name & Address: _____

Location where the vehicle is stored: _____

Vehicle Plate: _____ VIN: _____

Type of Vehicle: _____

Exterior of the Vehicle

LP/CNG Tanks:

Number of Tanks: _____ Size of Each Tank: _____

Tank Condition: _____ Last Hydro on the Tanks: _____

Mounting of LP/CNG Tank

☐ Rear Mount ☐ Cabinet Mount ☐ Chassis Mount

Condition of the Cabinet: _____

Chassis Mount location of the Regulator: _____

“No Smoking Signs” Located of the Propane Tanks: _____

Placard on the Cabinets: _____

Generators

Mounted: ☐ Yes ☐ No Location: _____

Type of fuel: ☐ Diesel ☐ LP ☐ Gasoline

Hard lined from fuel tank of the vehicle: ☐ Yes ☐ No



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Condition of the Generator: _____

Extension Cords: ☐ Yes ☐ No How Many: _____ Condition: _____

Is the extension cord a trip hazard: ☐ Yes ☐ No

Is the Generator clear of all combustibles: ☐ Yes ☐ No

Awnings

Have the Awning been fire tested: ☐ Yes ☐ No

Interior

Hood Suppression System: ☐ Yes ☐ No

Last Inspected: _____ Company: _____

Last Cleaning: _____

Last Time Fusing Links Changed: _____

Overall Condition of Hood System: _____

Portable Fire Extinguishers

ABC: ☐ Yes ☐ No How Many: _____ What Sizes: _____

"K" type Class ☐ Yes ☐ No How Many: _____

Ventilation System/Detectors

Ventilation System: ☐ Yes ☐ No

Overall Condition of Ventilation System: _____

Smoke Detector: ☐ Yes ☐ No

Carbon Monoxide Detector: ☐ Yes ☐ No Gas Detector: ☐ Yes ☐ No



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Appliances

Stove: ☐ LP ☐ Electric **Grill:** ☐ LP ☐ Electric

Fryer ☐ LP ☐ Electric ☐ Closeable Lid

How Many Gallons of Oil: _____ Overall Condition of Appliances: _____

Re-Inspection Date: _____

Comments: _____

Inspected by: _____ Date: _____