City of Lyndhurst
Fire Department

MOBILE FOOD VEHICLE INSPECTION CHECKLIST

BUSINESS NAME:_____

BUSINESS ADDRESS:_____

OWNER:_____

OWNER ADDRESS:_____

TELEPHONE: _____

MFV LICENSE PLATE#: _____

COMMISSARY LOCATION:_____

DATE: _____

CITY, STATE, ZIP:_____

DL#: _____ State: _____

CITY, STATE, ZIP:_____

CELL #: _____

FIRE SAFETY APPLICATION #: _____

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The Fire Safety Inspector assigned to your case will use this as a guide during the inspection.

EXTERIOR

LP/CNG Tanks:
Number of Tanks:_____

Size of Tanks**:**_____

Labeled LP/CNG Tank Shut offs: Yes No

Mounting of CNG/LP Tanks

Rear Mounted – Proper Height & Enclosure
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

Is the Generator separated from nearby combustibles: Yes No

Generator Powered by:

Diesel LP Gasoline
Hard-lined plumbed from a Fuel Tank
Fire Extinguisher 3A40BC

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AWNINGS

Awnings Mounted in Sector:

Yes

Awnings Fire Treated: Yes No No Awnings

FLAMMABLE LIQUID STORAGE

Location of flammable liquids and other fire hazards.

Proper storage location: Yes No

_____

_____

_____

_____

_____

INTERIOR

MFV Floor Plan Posted on Board:	Yes	No
Propane Records on Board:	Yes	No
Maintenance Records on Board:	Yes	No
Suppression System: Ansul R102:	Yes	No
"K" Class:	Yes	No
Portable Extinguishers:10BC or 2A10BC:	Yes	No
"K" Class:	Yes	No
Ventilation System:	Yes	No
Exhaust Hood:	Yes	No
Roof Mounted Vents:	Yes	No

Number of Roof Mounted Vents: 1 2 3 4

Ceiling Construction: Stainless___Tile___Other_____

Wall Construction: Stainless___Tile___Other_____

Floor Construction: Stainless___Tile___Other_____

Carbon Monoxide (CO) Detector Installed: Yes No

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