



**Sandusky Fire Prevention**  
 600 W. Market Street  
 Sandusky, OH 44870  
 419.627.5837

## Mobile Food Unit Inspection Form

Mobile Food Unit Name: \_\_\_\_\_

Type of Unit: (Circle One) Motorized Vehicle    Trailer    Hand Propelled Cart    Other \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Mobile Unit Definition:** *Any apparatus or equipment that is used to cook, prepare or serve food, and that routinely changes or can change locations and is operated from a movable vehicle or apparatus, including but not limited to motorized vehicles, trailers, and hand propelled carts.*

All Mobile Food Units	Yes	No	N/A
Is there at least one carbon monoxide detection in the unit? (Except hand propelled carts)			
Is there at least one 5 pound ABC multipurpose portable fire extinguisher? (Except hand propelled carts). (Must be installed, serviced, tested, and maintained as required by the fire code).			
Is there a no smoking sign posted inside the unit? (Except hand propelled carts).			
Does electrical equipment and wiring appear to be installed in a professional manner?			
Is the unit separated from buildings, vehicles, or combustibile materials by a distance of at least 10 feet? (Distance does not include awnings) (Units that use a generator or other fuel sources only).			
Is the unit separated from other mobile food units by a distance of at least 10 feet? (Separation distance does not include awnings) (Units that use a generator or other fuel sources only)			

Mobile Food Units with Commercial Cooking Equipment	Yes	No	N/A
Is at least one Class K fire extinguisher provided for cooking equipment that involves solid fuels, vegetable oils, or animal oils and fats? (Must be installed, serviced, tested, and maintained as required by the fire code)			
Are there at least two means of egress in the unit, and are they located remotely from each other? (Serving window can be used as a means of egress if at least 5/7 square feet).			

<b>Mobile Food Units with LP Gas</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Does the unit have an exterior emergency LP Gas shut off quarter turn control valve that is easily distinguishable and accessible?			
Is the exterior shut off valve marked with a sign stating "Emergency Gas Shut Off Valve"?			
Are only ASME or DOT mobile LP Gas containers being used?			
Is the maximum aggregate capacity of all LP Gas containers for a mobile food unit 200 gallons of aggregate water capacity or less?			
Is a no smoking sign posted outside the mobile food units near the area where the LP Gas is stored or kept?			
Are the LP Gas containers secured to the mobile food unit or otherwise secured in a safe manner? (Must be secured with non-combustible materials)			
Are the LP Gas supply piping, connections, and cooking appliances free from defect and secured in a safe manner?			

You are hereby notified that a mobile unit inspection has been conducted. This inspection shows that the following hazard(s) do exist and must be corrected. A re-inspection will be made to check for compliance. The City of Sandusky assumes no liability or responsibility for failure to report violations that may exist and makes no guarantee whatsoever that future violations(s) cannot or will not occur.

Date of Inspection: \_\_\_\_\_ Time of Inspection: \_\_\_\_\_

Inspector: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspector's Signature: \_\_\_\_\_

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Date of Re-Inspection: \_\_\_\_\_ Time of Re-Inspection: \_\_\_\_\_

Inspector: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

Inspector's Signature: \_\_\_\_\_