



Office of the Fire Marshal

Anne Arundel County, Maryland

Mobile Food Vehicle Inspection

Business Name: _____

Owner Name: _____ MFV License Plate #: _____

Owner Address: _____ City, State, ZIP: _____

Telephone #: _____ Email: _____

Notice of Findings

Your attention is respectfully called to the violations of the provisions of the following codes of the Anne Arundel County, issued to the mobile food vehicle owner registered at the above address. The violations discovered on or relating to this mobile food vehicle include, but may not be limited to, the violations to the listed on this report. Additional violations may be discovered during subsequent inspections. It is the responsibility of the business owner/operator to comply with all Federal, State, and Local codes, laws, and ordinances.

I. Exterior

- a. Name of Business displayed outside on MFV (2 inch minimum): Yes No
- b. No Smoking Signage posted outside (English & Spanish): Yes No
- c. Wheel Chocks Present & Adequate: Yes No

II. Interior

- a. General Housekeeping/Clean: Yes No
- b. Name & Phone # of Owner displayed inside: Yes No
- c. 2A-20BC Red Extinguisher tagged & mounted: Yes No
- d. 6 Liters "K" Extinguisher tagged & mounted: Yes No
- e. Roof Mounted Vent/s Up blast fan or UL 762 compliant: Yes No
- f. Egress Points Unobstructed: Yes No
- g. Carbon Monoxide and Gas Leak Detector installed: Yes No N/A

III. Compressed Gas & Fuel Systems: N/A

- a. Cabinet protecting gas cylinders is well vented: Yes No
- b. CNG/LP Regulator Protected: Yes No
- c. Fuel Shutoff Valves readily accessible for each appliance: Yes No
- d. Flex connections between regulator outlet and fixed piping: Yes No
- e. Cylinders are securely mounted with approved bracing/strapping: Yes No

IV. Generator & Electrical Systems: N/A

- a. Mounting/Storage Location of Generator acceptable: Yes No
- b. Generator separated from nearby combustibles: Yes No
- c. Cover plates on all electrical fixtures: Yes No
- d. Power cords are proper and without frays or damage: Yes No

V. Suppression System: N/A

- a. Appears Clean: Yes No
- b. Ventilation System Upblast fan or UL 762 compliant: Yes No
- c. Hood & Duct NFPA compliant: Yes No
- d. Mounted UL Listed Grease Vapor Vents: Yes No
- e. Pull Station mounted near egress & unobstructed: Yes No
- f. Tagged/Documentation of service within 6 months: Yes No

VI. Appliances

- a. Ovens, Brick Cookers are clean, vented, and without damage: Yes No
- b. Closeable Lid/s on frying Appliance/s and 8 inch baffle plate Yes No N/A
- c. Awnings are Fire Treated: Yes No N/A

VII. Flammable Storage: N/A

- a. Location of flammable liquids are stored properly: Yes No

VIII. Safety Sheets

- a. NFPA Food Truck Safety Fact Sheet provided to owner: Yes No
- b. USDOT Compressed Gas Cylinder Sheet provided to owner: Yes No
- c. Generator Safety Sheet provided to owner : Yes No

Fire Inspection has – PASSED FAILED

Inspected by: _____ FM _____ Date: ____/____/____

Re-Inspection has – PASSED FAILED

Inspected by: _____ FM _____ Date: ____/____/____

Remarks:

SPOT CHECK INSPECTIONS ONLY

Fire Inspection has – PASSED FAILED

Inspected by: _____ FM _____ Date: ____/____/____

Re-Inspection has – PASSED FAILED

Inspected by: _____ FM _____ Date: ____/____/____

Remarks:
