

# Navy Region Mid-Atlantic Fire & Emergency Services



## Mobile Food Kitchen Preliminary Inspection Report/Permit

License Plate Number: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_

Company Name: \_\_\_\_\_

Last Inspected: \_\_\_\_\_

**FIRE PROTECTION SYSTEM**

Date of Inspected: \_\_\_\_\_

- Needs/Required
- Needs Servicing
- Nozzles Properly Aligned, Clean, and Capped
- Correct Agent Being Used
- Extinguish Cylinders are Current
- Manual Pull Box Unobstructed
- Proper Signage above the Pull Box
- Fusible Link in Good Shape and Clean

**HOOD AND VENT SYSTEM**

Date of Cleaning: \_\_\_\_\_

- Needs/Required
- Needs Servicing
- Vent Fan Operating Properly
- Vent Filters Clean and Properly Aligned
- Vent Piping Clean and Free of Holes or Breaks
- Exhaust Motor and Fan are Clean
- Hood Clean and Free of Grease Build-up
- Grease Catch Clean

**FLAMMABLE LIQUIDS**

- Improperly Stored Items
- Inadequate Ventilation
- Excessive Amount (volume not to exceed 120 gallons)
- Approved Fuel Cans

**LP/N GAS CYLINDERS AND HOSES**

Hydro Date Gas Cylinder(s): \_\_\_\_\_

- Improperly Mounted
- Tank (s) Damaged or Corroded
- Incorrect Type of Regulator and Hoses/Piping
- Leaks (Passes Soap Test)
- Excessive Amount (shall not exceed 200 lbs.)
- Listed LP-Gas Alarm
- Unapproved Connectors

**EXTINGUISHER**

Hydro Date ABC: \_\_\_\_\_

Hydro Date K-Type: \_\_\_\_\_

- Needs/Required
- Needs Servicing
- Inspected (Monthly)
- Damaged or Corroded
- Obstructed
- Inoperative
- Inadequate
- Not Mounted
- Signage Needed (K-Type)

**PANELS, WIRING, AND APPLIANCES**

- Overloaded/Unsafe Practice
- Improper Wiring
- Temporary/Insufficient Outlets
- Defective Equipment/Wiring
- Damaged Equipment/Wiring
- Cover Plate Missing/Broken Equipment/Wiring
- Surge Protector Needed
- Exposed Wiring
- Obstructed Panel
- Unmarked Circuits
- Unused Openings
- Panel Latch Broken Does Not Stay Closed
- Properly Installed

**EXTERNAL GENERATORS**

- Improperly Mounted (If Attached to Vehicle)
- Damaged
- Leaks Present (Fuel or Oil)
- Secondary Containment

**\*ALL MOBILE FOOD KITCHENS IF OPERATING ON OR IN THE SHIPYARDS CIA MUST HAVE WHEEL CHOCKS**

REMARKS:

\_\_\_\_\_  
Operators Name (Sign and Print Last Name)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Fire Inspector (Sign and Print Last Name)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date Expires:

\_\_\_\_\_  
Time Stated:

\_\_\_\_\_  
Time Completed: