



TYNGBOROUGH FIRE DEPARTMENT  
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## FOOD TRUCK INSPECTION CHECKLIST

Vendor Name \_\_\_\_\_  
Address \_\_\_\_\_  
Vendor Representative \_\_\_\_\_ Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

**NFPA code references are provided at the end of each item. The red keys correspond to the NFPA food truck safety diagram on Appendix A.**

### GENERAL SAFETY CHECKLIST

- \_\_\_\_\_ Obtain license or permits from the local authorities. [1:1.12.8(a)] G1
- \_\_\_\_\_ Ensure there is no public seating within the mobile food truck. G2
- \_\_\_\_\_ Check that there is a clearance of at least 10 ft away from buildings, structures, vehicles, and any combustible materials. [96:7.8.2; 96:7.8.3 for carnivals only] G3
- \_\_\_\_\_ Verify fire department vehicular access is provided for fire lanes and access roads. [1:18.2.4] G4
- \_\_\_\_\_ Ensure clearance is provided for the fire department to access fire hydrants and access fire department connections. [1:13.1.3; 1:13.1.4; 1:13.1.5] G5
- \_\_\_\_\_ Check that appliances using combustible media are protected by an approved fire extinguishing system. [96:10.1.2] G6
- \_\_\_\_\_ Verify portable fire extinguishers have been selected and installed in kitchen cooking areas in accordance with NFPA 10. [96:10.9.3] G7a
- \_\_\_\_\_ Where solid fuel cooking appliance produce grease-laden vapors, make sure the appliances are protected by listed fire-extinguishing equipment. [96:14.7.1] G7b
- \_\_\_\_\_ **Ensure that workers are trained in the following: [96:B.15.1]: G8**
- \_\_\_\_\_ Proper use of portable fire extinguishers and extinguishing systems [10:1.2] G8a
- \_\_\_\_\_ Proper method of shutting off fuel sources [96:10.4.1] G8b
- \_\_\_\_\_ Proper procedure for notifying the local fire department [1:10.14.9 for carnivals only] G8c
- \_\_\_\_\_ Proper procedure for how to perform simple leak test on gas connections [58:6.16, 58:6.17] G8d

### FUEL AND POWER SOURCE CHECKLIST

- \_\_\_\_\_ Verify that fuel tanks are filled to the capacity needed for uninterrupted operation during normal operating hours. [1:10.14.10.1 for carnivals only] F1a
- \_\_\_\_\_ Ensure that refueling is conducted only during non-operating hours. [96:B.18.3] F1b
- \_\_\_\_\_ Check that any engine-driven source of power is separated from the public by barriers, such as physical guards, fencing, or enclosures. [96:B.16.2.2] F2
- \_\_\_\_\_ Ensure that any engine-driven source of power is shut down prior to refueling from a portable container. [1:11.7.2.1.2] F3
- \_\_\_\_\_ Check that surfaces of engine-driven source of power are cool to the touch prior to refueling from a portable container. F3a
- \_\_\_\_\_ Make sure that exhaust from engine-driven source of power complies with the following: F4
- \_\_\_\_\_ At least 10 ft in all directions from openings and air intakes [96:B.13] F4a
- \_\_\_\_\_ At least 10 ft from every means of egress [96:B.13] F4b
- \_\_\_\_\_ Directed away from all buildings [1:11.7.2.2] F4c
- \_\_\_\_\_ Directed away from all other cooking vehicles and operations [1:11.7.2.2] F4d
- \_\_\_\_\_ Ensure that all electrical appliances, fixtures, equipment, and wiring complies with the NFPA 70®. [96:B.18] F5

**PROPANE SYSTEM INTEGRITY CHECKLIST**

- Check that the main shutoff valve on all gas containers is readily accessible. [58:6.26.4.1(3)] P1
- Ensure that portable gas containers are in the upright position and secured to prevent tipping over. [58:6.26.3.4] P2
- Perform leak testing on all new gas connections of the gas system. [58:6.16; 58:6.17] P4
- Perform leak testing on all gas connections affected by replacement of an exchangeable container. [58:6.16; 58:6.17] P5
- Document leak testing and make documentation available for review by the authorized official. [58:6.26.5.1(M)] P6
- Ensure that on gas system piping, a flexible connector is installed between the regulator outlet and the fixed piping system. [58:6.26.5.1(B)] P7
- Where a gas detection system is installed, ensure that it has been tested in accordance with the manufacturer's instructions. [96:B.19.2.1] P8

**OPERATIONAL SAFETY CHECKLIST**

- Do not leave cooking equipment unattended while it is still hot. (This is the leading cause of home structure fires and home fire injuries.) OA
- Operate cooking equipment only when all windows, service hatches, and ventilation sources are fully opened. [96:14.2.2; 96:14.2.3] OB
- Close gas supply piping valves and gas container valves when equipment is not in use. [58:6.26.8.3] OC
- Keep cooking equipment, including the cooking ventilation system, clean by regularly removing grease. [96:11.4] OD

**SOLID FUEL CHECKLIST(where wood, charcoal, or other fuel is used)**

- Fuel is not stored above any heat-producing appliance or vent. [96:14.9.2.2] SA
- Fuel is not stored closer than 3 ft to any cooking appliance. [96:14.9.2.2] SB
- Fuel is not stored near any combustible flammable liquids, ignition sources, chemicals, and food supplies and packaged goods. [96:14.9.2.7] SC
- Fuel is not stored in the path of the ash removal or near removed ashes. [96:14.9.2.4] SD
- Ash, cinders, and other fire debris should be removed from the firebox at regular intervals and at least once a day. [96:14.9.3.6.1] SE
- Removed ashes, cinders, and other removed fire debris should be placed in a closed, metal container located at least 3 ft from any cooking appliance. [96:14.9.3.8] SF

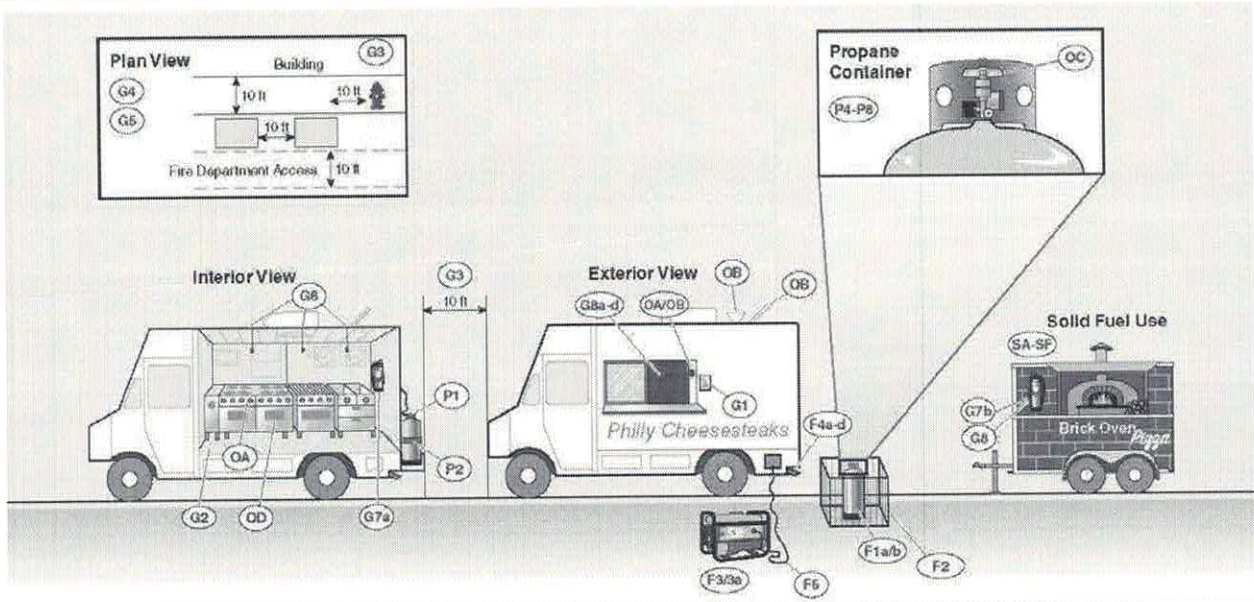
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**PERMIT NOT VALID UNTIL SIGNED BY INSPECTOR**

INSPECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICATION: \_\_\_\_ APPROVED \_\_\_\_ DENIED

**APPENDIX A**





# The Commonwealth of Massachusetts

City / Town of \_\_\_\_\_



## Application for Standard Permit

FP-006  
(Rev. 1.1.2015)

Return completed application to: \_\_\_\_\_

Permit Number: \_\_\_\_\_  
City or Town: \_\_\_\_\_  
Date: \_\_\_\_\_

<b>DIG SAFE NUMBER</b>
_____
Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section \_\_\_\_\_ application is hereby made by \_\_\_\_\_ (Full Name of Person, Firm or Corporation) \_\_\_\_\_ (Phone Number)

of \_\_\_\_\_ (Address: Street or P.O. Box, City or Town, Zip Code)

for permission to (state clearly purpose for which permit is requested) \_\_\_\_\_

Name of Competent Operator (if applicable) \_\_\_\_\_ Cert. No. \_\_\_\_\_

Date Issued-rejected \_\_\_\_\_ By \_\_\_\_\_ (Signature of Applicant)

Date of expiration \_\_\_\_\_ Fee \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_



# The Commonwealth of Massachusetts

City / Town of \_\_\_\_\_



FP-006  
(Rev. 1.1.2015)

## PERMIT

City or Town: \_\_\_\_\_  
Date: \_\_\_\_\_  
Permit Number (if applicable): \_\_\_\_\_

<b>DIG SAFE NUMBER</b>
_____
Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in \_\_\_\_\_ this permit is granted to \_\_\_\_\_ (Full Name of Person, Firm or Corporation)

for \_\_\_\_\_

Restrictions: \_\_\_\_\_

at \_\_\_\_\_ (Street and # or Describe Location for Adequate Identification)

Fee Paid \$ \_\_\_\_\_ This permit will expire on \_\_\_\_\_

Signature of Official Granting Permit: \_\_\_\_\_ Title \_\_\_\_\_

**This permit must be conspicuously posted upon the premises**