

MOBILE FOOD SERVICE PRE- LICENSING INSPECTION CHECKLIST

Name of Operator: _____

Name of Mobile Unit: _____

Address: _____

Phone Number: _____

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	License issued last year? County: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review last year's license information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review menu
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does unit return to a commissary?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does unit routinely change location at least every 40 days?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and water from an approved source (not home prepared)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify water source at business headquarters (well or municipal)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Direct operator to hook-up to potable water supply at each event
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Direct operator to fill all water holding tanks at EPA approved sources
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and electricity functioning at time of inspection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Potable water hose available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backflow prevention device (ASSE 1012 or 1024)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot water tank or similar device (hot water at all sinks)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water storage tank
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wastewater hoses and holding tank (attached or portable device)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water under pressure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand sink
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soap
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paper towels
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand wash sign
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food preparation sink (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hair restraints

- Three compartment sink with drain boards and is an adequate size for cleaning and sanitizing the largest piece of equipment
- Detergent
- Sanitizer Chlorine Quat. Iodine
- Test Strips Chlorine Quat. Iodine
- Disposable gloves
- Will there be an extension to the unit such as a storage truck?
- What approved equipment will be used to cook the menu items?
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- What approved equipment will be used to hold the menu items?
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- Discuss with the operator proper cooking, reheating, storage and holding temperatures.
- Adequate storage (cold, dry, chemical and personal belongings)
- All products stored to prevent cross-contamination
- Metal stem thermometer (0 to 220°F)
- Thermometers in all refrigeration units
- Wiping cloth bucket
- Lighting (light shield covers/shatter resistant bulbs and foot-candle requirements)
- Food shields provided where food is displayed to the public
- Durable/cleanable/pest-proof trash containers with lids
- All pressurized tanks secured
- All surface finishes (walls, floor, ceiling) constructed of approved materials that are smooth, non-absorbent, sealed and in good condition.
- The following signage should be posted with letters 3 inches in height and 1 inch in width: Name, city of origin and telephone number with area code.
- Choking poster
- Display license in a conspicuous and public manner
- Copy pertinent information on the back of license. Sign, date and print the Stark County Health Department phone number and address on the back of the license.

Information Posted on the Back of the License

Name of Mobile Unit: _____

Equipment/Operation Layout:

Menu: _____

Structural/Facility Notes (i.e. stock/supply truck provided, grill used outdoors, food served under tent, restrictions or conditions, etc.): _____

License Plate Number: _____

Backflow Preventer: _____

Signature of Sanitarian: _____

Date of Inspection: _____