

MAYOR
ALEX ROMAN

DEPUTY MAYOR
CHRISTINE MCGRATH

VERONA COMMUNITY CENTER
880 BLOOMFIELD AVENUE

TOWNSHIP OF VERONA
COUNTY OF ESSEX, NEW JERSEY



MUNICIPAL BUILDING
600 BLOOMFIELD AVENUE
VERONA, NEW JERSEY 07044

TOWNSHIP MANAGER
JOSEPH DEARCO

TOWNSHIP CLERK
JENNIFER KIERNAN

DEPARTMENT OF PUBLIC WORKS
10 COMMERCE COURT

Verona Fire Prevention Bureau

880 Bloomfield Avenue, Verona, New Jersey 07044

Office (973) 857-4761 – Fax (973) 857-5272

Matthew Gifford, Fire Official

Email: fireprevention@veronanj.org

MOBILE FOOD VEHICLE INSPECTION CHECKLIST

* = inspector will complete day of event

*Date: ____/____/____

*Fire Safety Permit #: _____

Business name: _____

Business address: _____

Business telephone number: (____) ____ - _____

Owner name: _____

Owner home address: _____

Email address: _____

Vehicle license plate: _____ State: _____

VIN #: _____

Exterior of the Vehicle

***Vehicle spacing is at least 10':** Yes ____ No ____

LP/CNG Tanks:

Number of tanks: _____ Size of each tank: _____ *Tank condition: _____

Mounting of LP/CNG Tanks

____ Rear mount ____ Cabinet mount ____ Chassis mount

*Condition of the cabinet: _____ Chassis mount location of the regulator: _____

"NO SMOKING SIGNS" located by the propane tanks: Yes ____ No ____

Placard on the cabinets: Yes ____ No ____

Generators

Permanently mounted: Yes ____ No ____ Portable: Yes ____ No ____

Location: _____ *Is the Generator clear of all combustibles: Yes ____ No ____

Type of fuel: Diesel ____ LP ____ Gasoline ____

Hard Lined from Vehicle Fuel Tank: Yes ____ No ____ *Condition of the Generator: _____

Extension Cords: Yes ____ No ____

How Many: _____ *Condition: _____ *Is the Extension Cords a Trip Hazard: Yes ____ No ____

Awnings

Yes ____ No ____ Location: _____

Have the Awnings be fire tested: Yes ____ No ____

Interior of the Vehicle

Hood Suppression System: Yes ___ No ___ *Last Inspection: _____

Company: _____

Hood Ventilation System: Yes ___ No ___ *Last Cleaning: _____

*Over all condition of the hood system: _____

Portable Fire Extinguishers

ABC: Yes ___ No ___ How many: _____ What size: _____

"K" Class: Yes ___ No ___ How many: _____

Smoke detector: Yes ___ No ___

Carbon Monoxide detector: Yes ___ No ___

Gas detector: Yes ___ No ___

Appliances

Stove: LP ___ Electric ___

Grill: LP ___ Electric ___

Fryer: LP ___ Electric ___ Does lid close: Yes ___ No ___

How many pounds of oil: _____

*Over all condition of the appliances: _____

***Comments:** _____

Pass: _____ **Fail:** _____

Inspected by: _____ **ID #:** _____ **Date:** _____