

**MOBILE FSO INSPECTION CHECKLIST (PRE-LICENSE)**

Name of Operator: \_\_\_\_\_

Name of Mobile Unit: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

YES	NO	N/A	DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Product thermometer (0-220°F)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator thermometers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand sink
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hand 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"/>	Three compartment sink
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dish soap
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> sanitizer <input type="checkbox"/> Chlorine <input type="checkbox"/> Quat <input type="checkbox"/> iodine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Test strips <input type="checkbox"/> Chlorine <input type="checkbox"/> Quat <input type="checkbox"/> iodine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food prep sink (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backflow preventer (ASSE 1012 or 1024)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot water heater
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Potable water hoses and/or holding tank
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wastewater hoses and/or holding tank
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage container
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor in good repair
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls in good repair
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment and utensils in good repair
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling in good repair
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lights covered
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hair restraints
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposable gloves
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior identification (name of operation, city of origin, phone number)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food choking poster

(see reverse side)

**INFORMATION POSTED ON BACK OF LICENSE**

Name of Mobile Unit: \_\_\_\_\_

Equipment / Operation Layout: \_\_\_\_\_

Menu: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Structural / facility notes (i.e. stock / supply truck provided, grill used to cook outdoors, food served under tent, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

License plate #: \_\_\_\_\_

Backflow preventer: \_\_\_\_\_

Signature of RS: \_\_\_\_\_

Date of inspection: \_\_\_\_\_

(see reverse side)