

<u>INSPECTION</u>	
PASS	FAIL
Expiration Date: _____	

MOBILE FOOD VENDOR PERMIT INSPECTION REPORT

Name: _____ Date: _____

Permit Holder: _____ INSPECTION TYPE: New Permit Permit Renewal

Type of Unit: Motor Vehicle ___ Trailer ___ Pushcart ___ Other (Specify) _____

If a Motor Vehicle: Make _____ Year _____
 Model _____ Lic # _____ State _____

PERMIT TYPE: Unrestricted (open food) Restricted (pre-packaged food)

CRITICAL OPERATIONAL REQUIREMENTS

The below requirements are conditions of the Mobile Food Vendor Permit. Failure to comply with any of the below requirements may result in permit suspension or a re-inspection.

UNRESTRICTED – see Critical Requirements 1 thru 9.

RESTRICTED – see Critical Requirements 4 thru 10.

1. An original and current Food Manager’s Certificate must be obtained prior to operation and **POSTED** on the unit **AT ALL TIMES**.
2. Each employee must maintain a valid Food Handler Registration **AT ALL TIMES**.
3. Hot water shall be available for immediate use at all required sinks **AT ALL TIMES**.
4. Cold and hot-held potentially hazardous foods shall be held at required temperature **AT ALL TIMES**.
5. Waste fluids/materials shall be secured to prevent potential contamination of ground or unit surfaces.
6. All operational equipment/materials, such as propane tanks, generators, etc, must be maintained on unit **AT ALL TIMES**.
7. **NO** hard-plumbing or wiring to water, power sources, or other utilities are allowed **AT ANY TIME**.
8. **NO** modifications to the unit after permit issuance may be made without authorization/inspection by the Health Authority.
9. The unit must be operated/maintained in a sanitary manner as per Texas Food Establishment Rules **AT ALL TIMES**.
10. **ONLY** pre-packaged food products may be sold or offered under a Restricted Permit.

YES	NO	N/A	
			Fresh and Waste water tanks properly installed and adequately sized (Fresh Water ____/Waste Water ____)
			Adequate hand wash and ware wash facilities installed
			Hot water heater installed
			Hot and Cold water adequately pressurized to ALL sinks (NOTE: Mechanical pump REQUIRED)
			Proper exterior waste valve installed on waste tank
			Fresh water fill valve properly installed and located
			Adequate HOT/COLD holding equipment installed
			Fire Assessment Completed Date: _____

ADDITIONAL COMMENTS:

Received By: _____ Inspected By: _____

Print Name: _____ Print Name: _____

By signing this document I confirm that I have read and understood the mobile food vendor responsibilities listed on this document and affirm that I will comply with those responsibilities. Also by signing OWNER/OPERATOR AGREES TO PROPERLY USE AND MAINTAIN ALL GAS EQUIPMENT AS WELL AS ASSUMES **ALL** LEGAL RESPONSIBILITY FOR GAS EQUIPMENT USED DURING OPERATIONS.