



### ITINERANT VENDORS FOOD SERVICE CHECKLIST

Inspection   
  Re-inspection   
  New Business   
  Other \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License Number of Vehicle/Cart: \_\_\_\_\_ Phone No.: \_\_\_\_\_

ITEM	PASSED	FAILED	COMMENTS
Name and address on vehicle.			
How are hot food temperatures maintained?			
How are cold food temperatures maintained?			
Thermometers and alcohol wipes present.			
Bleach water solution available.			
Paper towels and soap available.			
Easily cleanable surfaces.			
Walls and counter-tops clean.			
Utensils properly stored.			
Single service items stored properly.			
How are utensils cleaned during the day?			
How are utensils cleaned at night?			
No smoking for food prep person.			
Hair restraints.			
Where is ice obtained?			
Ventilation on enclosed units.			
Fly control on enclosed units.			
Application filled out completely and fee paid.			
Other:			

\_\_\_\_\_

Sanitarian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Vendor's Signature

\_\_\_\_\_

Date