



Palm Beach County Fire Rescue COMMUNITY RISK REDUCTION DIVISION

Food Truck Annual LP-Gas System Compliance Inspection



Please have Gas Company complete this form and email it to:

Fire-PBCFR-FoodTruck@pbc.gov

Mobile Food Truck Name:	
Mobile Food Truck Owner:	Date of Inspection:
Owner Contact Number:	Owner Email:
License Plate Number:	Vehicle Identification Number (VIN):
LP-Gas piping system complaint with NFPA 58 requirements: YES NO	

LP-Gas Appliances compliant with NFPA 58 requirements (List each LP-Gas Fed Appliance)	NFPA 58 Compliant	
LP-Gas Fed Appliance #1	Yes	NO
LP-Gas Fed Appliance #2	Yes	NO
LP-Gas Fed Appliance #3	Yes	NO
LP-Gas Fed Appliance #4	Yes	NO
LP-Gas Fed Appliance #5	Yes	NO

Cylinder Information/Compliance						
Cylinder Number	Serial Number	Cylinder Type ASME or DOT	Manufacture	Lbs.	Next Required Requal Date	Compliant Yes / NO
Cylinder #1						
Cylinder #2						
Cylinder #3						
Cylinder #4						
Cylinder #5						
Cylinder #6						

Gas Company Name: _____

Inspection Completed By: (Print) _____

Inspector Comments: _____

Inspector Signature _____ **Date:** _____

I _____, acknowledge receipt of the above LP Gas system inspection report and (Food Truck Owner/Representative) that all non-complaint items have been removed from service and shall not be returned to service until repairs have been completed, inspected, and documented as meeting NFPA 58 requirements.

Customer Signature _____ **Date:** _____