Fire Safety Requirements for Mobile Cooking Units "Food Trucks / Food Carts"

This document must be completed by a qualified Inspector registered with the Province of Alberta and employed by an accredited organization. Certification may only be issued upon an in-person inspection and evaluation of the Vendor Unit on this Form, in accordance with CSA standards for plumbing fixtures, piping, tubing, fittings and the CSA B149.1 Natural Gas and Propane Installation Code for Gas Systems and Appliances and the CSA 149.2 Propane Storage and Handling Code.

Vendor Unit Information To be completed by Vendor

Business Name:_____

First Name:_____ Last Name:_____

Phone:_____ Email:_____

Vehicle Make:_____ VIN #:_____

Vehicle Model:_____ Licence Plate:_____

Fire Extinguisher Inspection

Inspector Information To be completed by Inspector

Business Name:_____

First Name:_____ Last Name:_____

Address:_____ Province:_____ Postal Code:_____

Phone:_____ Email:_____

Date of Inspection:_____ DOP/Certification:_____

Accredited Organization:_____

Declaration of Compliance

I,_____, am responsible for the inspection of the portable fire extinguisher requirements as set out by the National Fire Protection Association on the above noted vendor unit. During the inspection on the above noted date, I held appropriate certification and I certify that:

- ❏ The Fire Extinguishers comply with NFPA 10 "Portable Fire Extinguishers";
- ❏ The Fire Extinguishers **DO NOT** comply with NFPA 10 "Portable Fire Extinguishers";
- ❏ N/A. Why (reason must be stated):_____

I certify that the above information is accurate and that I have reviewed the above noted Vendor Unit for compliance with NFPA 10 Standards.

Signature:_____ Date: _____

Fire Protection System Inspection

Inspector Information To be completed by Inspector

Business Name:_____

First Name:_____ Last Name:_____

Address:_____ Province:_____ Postal Code:_____

Phone:_____ Email:_____

Date of Inspection:_____ DOP/Certification:_____

Accredited Organization:_____

Declaration of Compliance

I,_____, am responsible for the inspection of the fire protection system requirements as set out by the National Fire Protection Association on the above noted vendor unit. During the inspection on the above noted date, I held appropriate certification and I certify that:

- ❑ The fire protection system is in conformance with NFPA 96, "Ventilation Control and Fire Protection of Commercial Cooking Operations."
- ❑ The fire protection system is **NOT** in conformance with NFPA 96, "Ventilation Control and Fire Protection of Commercial Cooking Operations."
- ❑ N/A. Why (reason must be stated):_____

I certify that the above information is accurate and that I have reviewed the above noted Vendor Unit for compliance with NFPA 96 Standards.

Signature:_____ Date: _____

Commercial Cooking Exhaust System Maintenance Inspection

>>If the vending unit contains this system, this type of inspection will be required to be performed every six months. <<

Inspector Information To be completed by Inspector

Business Name:_____

First Name:_____ Last Name:_____

Address:_____ Province:_____ Postal Code:_____

Phone:_____ Email:_____

Date of Inspection:_____ DOP/Certification:_____

Accredited Organization:_____

Declaration of Compliance

I,_____, am responsible for the inspection of the commercial cooking equipment exhaust system requirements as set out by the National Fire Protection Association on the above noted vendor unit. During the inspection on the above noted date, I held appropriate certification and I certify that:

- ❑ The commercial cooking equipment exhaust system is in conformance with the NFPA 96 "Ventilation Control and Fire Protection of Commercial Cooking Operations";
- ❑ The commercial cooking equipment exhaust system is **NOT** in conformance with the NFPA 96 "Ventilation Control and Fire Protection of Commercial Cooking Operations";
- ❑ N/A. Why (reason must be stated):_____

I certify that the above information is accurate and that I have reviewed the above noted Vendor Unit for compliance with NFPA 96 Standards.

Signature:_____ Date: _____

The City of St Albert is collecting personal information required on this form in accordance with section 33(b) and (c) of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act. It will be used for the administration of food truck permitting. If you have any questions about the collection, use or disclosure of the information on this form, please contact St Albert Fire Services at 780-418-6069 or by email at fireadmin@stalbert.ca.