



MERRIMACK FIRE RESCUE

432 Daniel Webster Highway • Merrimack NH 03054 • (603) 420-1730

HEALTH DIVISION



MOBILE VENDOR INSPECTION REPORT

Name of Truck/Trailer: _____ Date of Inspection: _____
 Owners Name: _____ Phone Number:() _____
 Email: _____ Commissary: YES NO
 If Yes, Name and Address of Commissary: _____
 Vendor Location: _____ Pushcart Truck Trailer Kiosk
 Type Of License: One Day License One Week License Annual License

APPROVED:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS & GOOD RETAIL PRACTICES					
"No" column = X marked below indicates a violation "Yes" column = X marked below indicates compliance with Food Code provisions "N/A" column = X marked below indicates that the provision is not applicable to this operation					
#	Item	Yes	No	N/A	Comments
1	License posted				
2	Base of operations – operate from fixed, licensed food establishment or food processing plant for food, supplies, and cleaning / servicing operations (only if food TCS food or food prep is not all done on site)				
Personnel					
3	PIC is present during all hours of operation and is knowledgeable				
4	No eating, drinking, or smoking in food preparation and service areas (in trucks, trailers, under tent, etc.)				
5	Employee Health: no preparing, serving, food handling if employee has been sick in past 48 hours				
6	No bare hand contact with Ready-to-Eat food(s) (RTE)				
7	Hands clean and properly washed, food workers) wash their hands prior to entering food service areas/preparing food, and all other necessary times between tasks				
Food					
8	Food prepared and obtained from licensed food establishment, name of licensed establishment (TCS Food), Food prepared or stored in home kitchens is NOT allowed				
9	Only food listed and approved on application is sold				
10	Pre-packaged food only if there is no hand sink or ware wash on vehicle/trailer				
11	TCS Foods maintained at proper temperatures (41°F or below and 135°F or above)				
12	Food is wrapped/ protected from contamination – no food contact with water or undrained ice				
13	Food is sold or served on same day as purchased (except frozen desserts), within sell-by dates				
14	Food in good condition, safe, and unadulterated				
15	Food contact surfaces: cleaned and sanitized				
16	Protection from customer contamination: Wrapped single-service items, food shields, other barriers				
17	Food storage: Food grade containers, kept covered, food stored at least 6 inches off of the ground				
18	Food measuring devices available (thermometers)				
19	Single use non-latex gloves available; tongs/deli tissue/other utensils for food handling				
Equipment					
20	Equipment is in good operating condition				
21	Commercial equipment only, NSF/ANSI/ UL certified				
22	Mechanical refrigeration unit(s) holding temperature, maintains product at 41°F or below.				
23	Hot holding equipment: Maintains food at 135°F or above (no hot holding units used for reheating)				
24	Thermometers in refrigeration unit(s)				
25	Equipment located and installed in a way to prevent contamination and facilitate cleaning				
26	Hand sink: sufficient hot water, soap, and paper towels				
27	Ware washing (3-bay sink) If equipped in unit: compliance with FC requirements for cleaning in-use utensils and food contact surfaces. Sufficient # of utensils if bringing back to service area for cleaning				
28	Sanitizer available, list type (Chlorine: 50ppm) (QUAT: 200ppm)				
29	Test strips available				

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30	Bucket with submerged wiping cloths or spray bottle sanitizer (labeled)				
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#	Item	Yes	No	N/A	Comments
Facilities					
31	Toxic Substance properly identified , stored and used				
32	Insects, rodents, and animal not present				
33	Floors, walls, ceilings clean or easily cleanable				
34	Sewage and waste water properly disposed				
35	Toxic materials are properly labeled and stored				
36	Trash stored in leak proof, non-absorbent containers and kept covered with tight fitting lid				
37	All wastewater is disposed of in a sanitary sewer system. If a sanitary sewer system is not readily available, suitable storage device(s) are provided				

VIOLATIONS / CORRECTIVE ACTION NEEDED

NOTES

Inspector signature: _____

Date: _____

Person in Charge Signature: _____

Date: _____