



FIRE PREVENTION DIVISION

Food Truck Annual Tank/Cylinder Visual Inspection

Please have gas company complete this form and email form to
waters@coj.net and tromano@coj.net

OWNER NAME OF FOOD TRUCK/TRAILER				TRUCK/TRALER LICENSE PLATE#			
TANK TYPE (ASME OR DOT)				TANK/CYLINDER SERIAL#			
PROTECTEIVE COATING TYPE		CONDITION		NAME OF MANUFACTUER		SIZE: GAL OR LBS	
RELIEF VALVE EXTERNAL CONDITION	DENTS	FIRE DAMAGE	FOOTING	LEAKS	CORROSION	COLLAR	SERVICE VALVE
PASS <input type="checkbox"/>	PASS <input type="checkbox"/>	PASS <input type="checkbox"/>	PASS <input type="checkbox"/>	PASS <input type="checkbox"/>	PASS <input type="checkbox"/>	PASS <input type="checkbox"/>	PASS <input type="checkbox"/>
FAIL <input type="checkbox"/>	FAIL <input type="checkbox"/>	FAIL <input type="checkbox"/>	FAIL <input type="checkbox"/>	FAIL <input type="checkbox"/>	FAIL <input type="checkbox"/>	FAIL <input type="checkbox"/>	FAIL <input type="checkbox"/>
DATE OF INSECTION				COMPANY NAME			
CYLINDER DISPOSITION (OK=RETURN TO SERVICE) (SC= SCRAP) OR OTHER SIGNIFICANT FINDINGS							
GAS COMPANY REPRESENATIVE (PRINT NAME)							
GAS COMPANY REPRESENATIVE (SIGNATURE)							

NOTE: Each Cylinder will require one inspection sheet and a copy of the service receipt.

I _____ Acknowledge that to ensure LP Gas systems on mobile food trucks shall be compliant with NFPA 58, the information contained in this document was filled out by an approved company with expertise in the installation, inspection and maintenance of LP- Gas systems. (NFPA 1:50.7.2.3.4)

Customer signature _____ Date _____