



Solon Fire Prevention Bureau  
5595 Harper Road  
Solon, Ohio 44139  
(440)337-1482

**Mobile Food Unit Operator Checklist**

**\*\*To Be Completed by the Operator Prior to Opening for the Day\*\***

Date: \_\_\_\_\_ Name of the Unit: \_\_\_\_\_

Base Address of the Unit: \_\_\_\_\_

**[Yes] [No]**

**The operator has reviewed Solon Fire Rescue’s Mobile Food Unit Inspection Form, and complies with all the applicable provisions.** Mobile Food Unit Inspection Forms are available at [solonohio.org/200/Fire-Department](http://solonohio.org/200/Fire-Department).

**[Yes] [No] [Not Applicable Reason: \_\_\_\_\_]**

**The operator checked for damage of the propane tank(s) and piping prior to the control valve(s) being opened.** If damage is noted to these components, then repair or replace before use.

**[Yes] [No] [Not Applicable Reason: \_\_\_\_\_]**

**The operator opened the propane control valves slowly checking for leaks in the tank(s) and piping prior to igniting the pilot light/burner(s).**

If leaks are noted, shut down and schedule/complete repairs before using.

**[Yes] [No] [Not Applicable Reason: \_\_\_\_\_]**

**The operator observed the appliance’s burner flames to ensure complete combustion in taking place.**

**Complete Combustion** = Mostly Blue Flames with Maybe a Hint of Yellow.

**Incomplete Combustion** = Mostly Yellow/Orange Flames observed. If this occurs, shut down & schedule/complete repairs before using. Be aware, incomplete combustion can lead to dangerous levels of carbon monoxide in your mobile food unit, which can then cause carbon monoxide poisoning.

**[Yes] [No] [Not Applicable Reason: \_\_\_\_\_]**

**The operator tested the carbon monoxide detector to ensure proper function.**

If not functioning, battery may need to be replaced.

**[Yes] [No]**

**The operator ensured required fire extinguishers are in place and ready for use.**

These extinguishers need to have been serviced by a certified contractor within the past year, and tagged as such. In addition, the extinguisher’s pressure gauge needle needs to be within the green area indicating that it has the proper pressure for use.

Operator’s Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\* Please present this completed form to the inspector at the start of the Mobile Food Unit Inspection. If an inspector is not available to conduct the inspection on the day of your event, please mail the completed checklist to the address provided above or email to [info.fire@solonohio.org](mailto:info.fire@solonohio.org) .