

MOBILE FOOD FACILITY GAS SYSTEM CHECK

VEHICLE & OPERATOR INFO

| | | | |
|-----------------|---------------|---------------------|--|
| Vehicle VIN No. | | Vehicle License No. | |
| Company Name | Operator Name | | |
| Address | | | |
| City | State | Zip | |
| Email | Telephone | | |

Disclaimer: This form is being provided as a guide for the inspection of a mobile food facility gas system when completed by a person, firm or corporation licensed by the Nevada LP-Gas Board to perform such inspections. This inspection covers gas distribution system equipment and appliances visible and readily accessible to the inspector and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, the internal workings of sealed equipment or structural components, and cannot be construed to cover future or unforeseen happenings. This form is only a guide and the user shall be responsible for ensuring that the gas system complies with NFPA 58 and the IFC.

CONTAINER CHECK

| Container Type | ASME <input type="checkbox"/> DOT <input type="checkbox"/> | ASME <input type="checkbox"/> DOT <input type="checkbox"/> | ASME <input type="checkbox"/> DOT <input type="checkbox"/> | ASME <input type="checkbox"/> DOT <input type="checkbox"/> |
|---|---|---|---|---|
| Manufacturer | | | | |
| Serial No. | | | | |
| Mfg. Date | | | | |
| Recert Date | N/A <input type="checkbox"/> | N/A <input type="checkbox"/> | N/A <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Water Capacity (WC) | gal. <input type="checkbox"/> lb. <input type="checkbox"/> | gal. <input type="checkbox"/> lb. <input type="checkbox"/> | gal. <input type="checkbox"/> lb. <input type="checkbox"/> | gal. <input type="checkbox"/> lb. <input type="checkbox"/> |
| Proper Condition ¹ ? | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Proper Location ² ? | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Status | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> |
| <small>¹ Containers do not have evidence of damage, dents, gouges, excessive corrosion, exposure to fire, or leaks ² Containers are securely mounted, protected from damage. are NOT mounted on the roof, ahead of the front axle (on a drive vehicle), or beyond the rear bumper. Containers are NOT installed (unless allowed by NFPA 58), transported, or stored inside the vehicle. Containers are NOT installed less than 18" from a heat producing appliance, component, or vent</small> | | | | |
| The maximum aggregate <u>propane</u> capacity of containers on the vehicle used for cooking appliances is ≤ 200 lbs. | | | | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> |

PIGTAIL & HOSE CHECK

| | |
|--|--|
| Pigtails are listed to UL-569 | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A <input type="checkbox"/> |
| LP-Gas hoses are listed to UL-21 and are installed outside of the vehicle | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A <input type="checkbox"/> |
| Hoses are marked "LP-GAS HOSE" or LPG HOSE", and have a minimum working pressure (WP) of 350 psig | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A <input type="checkbox"/> |
| Pigtails and hoses do not have evidence of damage, cracking, cuts, bulges, kinks, exposure to fire, or leaks | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> |

REGULATOR CHECK

| Regulator Type | Outlet Set Pressure | Flow Pressure | Lock-Up Pressure | Status |
|--|--|--|--|--|
| Integral Two-Stage | psi <input type="checkbox"/> w.c. <input type="checkbox"/> | psi <input type="checkbox"/> w.c. <input type="checkbox"/> | psi <input type="checkbox"/> w.c. <input type="checkbox"/> | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A <input type="checkbox"/> |
| First Stage | psi | psi | psi | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A <input type="checkbox"/> |
| Middle Stage | psi | psi | psi | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A <input type="checkbox"/> |
| Final Stage | w.c. | w.c. | w.c. | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A <input type="checkbox"/> |
| Regulators NOT installed in a compartment have their vents installed pointing down or protected by a durable cover | | | | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A <input type="checkbox"/> |
| IF the regulators are installed in a compartment, the compartment is vented | | | | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A <input type="checkbox"/> |
| IF the regulator is connected directly to the <u>pipng</u> , flexibility is provided between the container valve and the regulator (e.g. pigtail, hose) | | | | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A <input type="checkbox"/> |
| IF the regulator is installed directly in the <u>container valve</u> , flexibility is provided between the regulator and the piping (e.g. hose). | | | | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A <input type="checkbox"/> |
| Regulators do not have evidence of excessive corrosion, damage, exposure to fire, or leaks | | | | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> |

PIPING CHECK

| Test | Starting Pressure | Ending Pressure | Total Test Time | Status |
|--|-------------------|-----------------|-----------------|--|
| Pressure Test ³ | psi | psi | Min. | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A <input type="checkbox"/> |
| <small>³ Pressure tests are performed ONLY on new piping installations before the appliances are connected. The test is performed with air at not less than 1.5 times the operating pressure (min of 3 psi)</small> | | | | |
| Piping and tubing materials comply with NFPA 58 (e.g. steel pipe, copper tube) | | | | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> |
| Metallic pipe <u>between</u> the container valve and the first regulator has a min. pressure rating of 250 psi (e.g sch 80) | | | | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A <input type="checkbox"/> |
| Metallic pipe <u>downstream</u> of the pressure regulator has a min. pressure rating of 125 psi (e.g sch 40) | | | | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> |
| Piping does not have evidence of excessive corrosion, damage, exposure to fire, or leaks | | | | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> |

APPLIANCE CHECK

| | | | | |
|-------------------------------|---|---|---|---|
| Appliance Type | | | | |
| Manufacturer | | | | |
| Model No. | | | | |
| Serial No. | | | | |
| Shutoff Valve? | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Secured? | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Listed ⁴ Gas Flex? | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Status | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> |

⁴ Flexible connectors for MOVABLE appliances shall be listed to ANSI Z21.69 / CSA 6.16, NON-MOVABLE appliances shall be listed to ANSI Z21.24 / CSA 6.10 OR ANSI Z21.69 / CSA 6.16

SYSTEM LEAK CHECK

| Test Location | Starting Pressure | Ending Pressure | Total Test Time | Status |
|----------------------------|-------------------|-----------------|-----------------|--|
| High Pressure ⁵ | psi | psi | Min. | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A <input type="checkbox"/> |
| Low Pressure | w.c. | w.c. | Min. | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A <input type="checkbox"/> |

⁵ High pressure test location is between the container service valve and the first regulator (e.g. block test)

MISCELLANEOUS CHECKS

| | |
|---|---|
| A functional LP-Gas alarm is installed within the vehicle | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> |
| A permanent caution plate is affixed to either the appliance or the vehicle outside of any enclosure adjacent to the container(s) | PASS <input type="checkbox"/> FAIL <input type="checkbox"/> |

NOTES

INSPECTION COMPANY INFO

| | | | | | |
|--------------|--|-------|--|---------------------|--|
| Company Name | | | | NV-LPGB License No. | |
| Address | | | | | |
| City | | State | | Zip | |
| Email | | | | Telephone | |

I, _____ certify that I hold Nevada LP-Gas Board COC number _____ and
Inspector (printed name)

that I have completed the LP-Gas system check as described above and the system: PASSED (approved inspection decal applied)

FAILED (see notes above for violations)

Inspector (signature) Date

Customer Acknowledgement: I understand the annual gas system inspection on the mobile food facility listed above has been completed as described above. I also acknowledge that the individual performing the mobile food facility annual gas system check informed me of the procedure and the outcome of the inspection; what was covered by the inspection and what was not covered; what repairs and/or alterations, if any, were made to the gas system or appliances; and the options available for making recommended changes to my gas system. I further acknowledge, by initialing each of the following items, that:

_____ I have smelled propane gas and can detect its odor

_____ I have been told what to do if I smell a gas odor or otherwise suspect a gas leak and have been shown how to turn off the gas at the container

_____ I have received safety information and been told to read it and share it with all persons working in the mobile food facility

I, _____ have read and fully understand this certification.

Customer (printed name)

Customer (signature) Date