



Public Health
Prevent. Promote. Protect.

Canton City Public Health

MOBILE FOOD SERVICE PRE-LICENSING INSPECTION CHECKLIST

Name of Business: _____

Name of License Holder: _____

Business Address: _____

Phone Number: _____

Email: _____

- Ohio Secretary of State Business Registration
- Signage with 3"x1" Letters: Business, Name, City, State, & Phone Number
- All NSF or UL Sanitation Equipment
- Power Source: Generator or Propane Tank
- Pressurized Hand Sink w/Hot & Cold Water
- Soap, Paper Towels, & Handwash Sign
- Pressurized Three-Compartment Sink w/Hot & Cold Water * Must fit largest piece of equipment*
- Detergent
- Sanitizer: Chlorine Quat Iodine
- Matching Sanitizer Test Strips
- Food Grade Water Hose
- Clean Water Tank
- Waste Water Tank
- Backflow Prevention Device (ASSE 1012 or 1024)
- Thermometer (0-220F)
- Thermometers in all Refrigeration Units
- Lighting: Light Shield Covers/Shatter Resistant Bulbs
- Trash Containers with Lids
- Disposable Gloves
- All Surfaces Smooth, Easily Cleanable, & Nonabsorbent
- Vomit/Diarrhea Kit w/Written Instructions
- Disease Reporting Agreement



420 Market Ave., N o Canton, OH 44702
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*This agency is an equal provider of services and an equal opportunity employer.
Promoting and protecting health since 1849.*