

# Health Department License Inspection Form

## Sample for Food Trucks

This **Health department license inspection form** sample is designed to help food truck operators ensure compliance with local health regulations. It includes essential checklists for hygiene, equipment, and food safety standards. Using this form can facilitate smoother inspections and maintain public health safety.

### Food Truck Information

Business Name: \_\_\_\_\_  
Owner/Operator: \_\_\_\_\_  
License Number: \_\_\_\_\_  
Date of Inspection: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Inspector Name: \_\_\_\_\_

### 1. Hygiene and Employee Practices

Inspection Point	Pass	Fail
Handwashing facilities available and operational	<input type="checkbox"/>	<input type="checkbox"/>
Employees wash hands frequently and properly	<input type="checkbox"/>	<input type="checkbox"/>
Clean uniforms/aprons worn	<input type="checkbox"/>	<input type="checkbox"/>
No signs of illness among employees	<input type="checkbox"/>	<input type="checkbox"/>

### 2. Equipment and Facility

Inspection Point	Pass	Fail
Food contact surfaces clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration at safe temperatures ( $\leq 41^{\circ}\text{F} / 5^{\circ}\text{C}$ )	<input type="checkbox"/>	<input type="checkbox"/>
Hot holding units at safe temperatures ( $\geq 135^{\circ}\text{F} / 57^{\circ}\text{C}$ )	<input type="checkbox"/>	<input type="checkbox"/>
Proper waste disposal available	<input type="checkbox"/>	<input type="checkbox"/>

### 3. Food Safety Practices

Inspection Point	Pass	Fail
Food protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>
Proper glove use and utensil handling	<input type="checkbox"/>	<input type="checkbox"/>
Food stored correctly (off the ground, covered, labeled)	<input type="checkbox"/>	<input type="checkbox"/>
No expired or spoiled food items	<input type="checkbox"/>	<input type="checkbox"/>

### Notes / Violations Observed:

### Corrective Actions Required:

**Inspector Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_