Chris Bishop
Fire Chief

Ron Ballentine
Assistant Fire Chief

Robert Evans
Captain, Fire Safety Inspector

Craig Hostetler
Captain, Fire Safety Inspector

Allen Stanley
Fire Safety Inspector

Roy Randalls
Fire Safety Inspector

223 North Vine Street
PO Box 144
Orrville, OH 44667

(330) 684-5051
Telephone

ORRVILLE FIRE DEPARTMENT

2026

Orrville Division of Fire Mobile Food Unit Inspection Report

****MUST BE COMPLTED BY A CERTIFIED PLUMBER OR CETP INDIVIDUAL****

Owner Name:_____

Name of Mobile Food Unit:_____

Owner Address:_____

City:_____ State:_____ Zip:_____

Phone #:_____ Email:_____ License Plate:_____

LP GAS LINE PRESSURE/LEAK TEST:

Starting Pressure:_____

Starting Time:_____

Ending Pressure:_____

Ending Time:_____

PASS ☐

FAIL ☐

***A fee of $30 is necessary to obtain this permit and operate in the City of Orrville. Payments must be made at the Safety-Service Department located in City Hall 207 N. Main Street Orrville, OH 44667. Please call (330) 684-5004 with any questions. ***

Place initials below:

_____ - Is there at least one 5lb (or larger) ABC fire extinguisher located inside the food unit – tagged/dated within the past 12 months, mounted on the wall, visible and accessible at all times?

_____ – If the food unit utilizes solid foods, vegetable or animal oils & fats, is there at least one Class K (silver) fire extinguisher located inside the food unit – tagged/dated within the past 12 months, mounted on the wall, and is visible & accessible at all times?

_____ – At least one working carbon monoxide detector located inside the food unit?

_____ – When the cooking equipment is being operated, will there be two ways to exit the mobile food unit that are remote from each other (this can include the serving window)?

_____ – This mobile food unit was inspected & tested per the 2017 Ohio Fire Code and the 2014 NFPA 58 LP Gas code (For reference: The 2017 Ohio Fire code regulation & checklist, Section 320, can be found by searching "Ohio Fire Code Mobile Food Units").

REMARKS:_____

_____

_____

_____

_____

Referenced Codes

OAC 1301:7-7-3(T);	OFC 320
OAC 1301:7-7-2(B);	OFC 202
OAC 1301:7-7-9(F);	OFC 906
NFPA 58 (2014)	
SFM Variance V17ed.-009	

Certified plumber or CETP (please print):_____

Certification #:_____

Company:_____

Signature:_____ Date:_____

****INSPECTION IS VALID FOR THE CALENDAR YEAR LISTED ABOVE AND WILL EXPIRE ON DECEMBER 31****