

Certification of Inspection

Fire Requirements

This document must be completed by a qualified Inspector certified within the Province of Alberta who is either ULC or InterTech certified. Certification may only be issued upon an in-person inspection and evaluation of the Vendor Unit identified on this Form in accordance with NFPA 96 and NFPA 10 Standards.

To be completed by Vendor

Vendor Unit Information	
Applicant Full Name: _____	
Company Name: _____	Applicant Signature : _____
Vehicle Make: _____	VIN #: _____
Vehicle Model: _____	
Licence Plate: _____	Phone: _____

To be completed by Servicing Agency

Commercial Cooking Exhaust System Maintenance

Agency Information	
Inspector Full Name: _____	Date of Inspection: _____
Certification #: _____	Qualified Service Company: _____
Street Address: _____	Province: _____ Postal Code: _____
Phone: _____	Email: _____
Declaration of Compliance	
<p>I, _____, am responsible for the inspection of the commercial cooking equipment exhaust system requirements as set out by the National Fire Protection Association on the above noted vendor unit. During the inspection on the above noted date, I held appropriate certification and I certify that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The commercial cooking equipment exhaust system is in conformance with NFPA 96, "Ventilation Control and Fire Protection of Commercial Cooking Operations." <input type="checkbox"/> The commercial cooking equipment exhaust system is NOT in conformance with NFPA 96, "Ventilation Control and Fire Protection of Commercial Cooking Operations." <input type="checkbox"/> N/A <p>I certify that the above information is accurate and that I have reviewed the above noted vendor unit for compliance with NFPA 96 Standards.</p>	
Signature: _____	Date: _____

ATTACH COPIES OF ALL APPLICABLE FIRE SUPPRESSION CERTIFICATES AND FIRE EXTINGUISHER TAGS TO THIS FORM

The City of Edmonton is collecting personal information required on this form in accordance with section 33(b) and (c) of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act. It will be used for the administration and operation of the food truck licensing and permit program and for enforcement purposes. If you have any questions about the collection, use or disclosure of the information on this form, please contact Street Vending at 780-442-5054 or by email at streetvending@edmonton.ca.

Fire Protection System

Agency Information

Inspector Full Name: _____ Date of Inspection: _____
Certification #: _____ Qualified Service Company: _____
Street Address: _____ Province: _____ Postal Code: _____
Phone: _____ Email: _____

Declaration of Compliance

I, _____, am responsible for the inspection of the fire protection system requirements as set out by the National Fire Protection Association on the above noted vendor unit. During the inspection on the above noted date, I held appropriate certification and I certify that:

- ☐ The fire protection system is in conformance with NFPA 96, "Ventilation Control and Fire Protection of Commercial Cooking Operations."
- ☐ The fire protection system is **NOT** in conformance with NFPA 96, "Ventilation Control and Fire Protection of Commercial Cooking Operations."
- ☐ N/A

I certify that the above information is accurate and that I have reviewed the above noted vendor unit for compliance with NFPA 96 Standards.

Signature: _____ Date: _____

Fire Extinguishers

Agency Information

Inspector Full Name: _____ Date of Inspection: _____
Certification #: _____ Qualified Service Company: _____
Street Address: _____ Province: _____ Postal Code: _____
Phone: _____ Email: _____

Declaration of Compliance

I, _____, am responsible for the inspection of the portable fire extinguisher requirements as set out by the National Fire Protection Association on the above noted vendor unit. During the inspection on the above noted date, I held appropriate certification and I certify that:

- ☐ The Fire Extinguishers comply with the NFPA 10, "Portable Fire Extinguishers."
- ☐ The Fire Extinguishers **DO NOT** comply with the NFPA 10, "Portable Fire Extinguishers."
- ☐ N/A

I certify that the above information is accurate and that I have reviewed the above noted vendor unit for compliance with NFPA 10 Standards.

Signature: _____ Date: _____

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