ICE CREAM TRUCK INSPECTION CHECKLIST

Name of vehicle owner: ____________________________________________________________

Name of business vehicle will be used by: ____________________________________________

This ice cream truck inspection checklist is to be completed by a Certified ASE Technician.

VEHICLE LICENSE PLATE# ______________________________________________________

MARKINGS:

☐ Pass  ☐ Fail 1. Reflective signs, decals, or lettering on the front and rear of the truck identifying the vehicle as an ice cream truck and providing a warning such as “SLOW – CHILDREN CROSSING,” “CAUTION CHILDREN,” OR “WATCH FOR CHILDREN” in five (5) inch lettering and in contrasting colors, which are visible from no less than 300 feet.

☐ Pass  ☐ Fail 2. The name and telephone number of vendor on both sides of the truck in two (2) inch letters of contrasting color.

☐ Pass  ☐ Fail 3. All product decals must indicate vending takes place on the passenger side of the vehicle.

EQUIPMENT:

☐ Pass  ☐ Fail 1. Working order of amber warning beacon light (atop truck) 6" diameter & 6" height.

☐ Pass  ☐ Fail 2. Attached securely left and right outside rear view mirrors.

☐ Pass  ☐ Fail 3. Outside wide angle mirrors on front and back of truck.

☐ Pass  ☐ Fail 4. Securely enclosed refrigeration/generation equipment (if on outside).

☐ Pass  ☐ Fail 5. Brakes

☐ Pass  ☐ Fail 6. Brake Lights

☐ Pass  ☐ Fail 7. Steering Assembly

☐ Pass  ☐ Fail 8. Headlights

☐ Pass  ☐ Fail 9. Turn Signals

☐ Pass  ☐ Fail 10. Parking Lights

☐ Pass  ☐ Fail 11. Horn

☐ Pass  ☐ Fail 12. Windshield Wipers

☐ Pass  ☐ Fail 13. Tires (tread depth)

☐ Pass  ☐ Fail 14. Hazard Warning Lights

All markings and equipment must pass inspection. All failed items must be corrected and reinspected until complying with AMC 10.60.140.

The vendor has paid for the inspection, and by signing below I certify that this ice cream truck has passed all safety inspection items listed above.

Inspected By: _________________________________________________________________

ASE Technician: ______________________________________________________________

Name of Business

Address

Printed Name

Signature

Signature

Date