



TSSA Inspection Certificate

This form **MUST** be filled only by vendors with **Propane Tanks** requiring TSSA certification

For more details visit www.tssa.org

For any further questions, feel free to contact Bazaar Management Team at bazaar@muslimfest.com



Technical Standards and Safety Authority

Web site: www.tssa.org

Attachment #1 - Inspection Certificate Director's Order FS-056-06 Mobile Food Service Equipment

Equipment Description:		
Equipment Owner:		
Equipment Owner Address:		Telephone No.:
Municipal Licence No.:	Certificate Holder Type:	Certificate Holder Name:
TSSA Certificate Holder No.:		
Contractor Business Name:		Contractor Business Telephone No.:
TSSA Contractor Registration No.:		

This checklist is intended as minimum, other inspection tests may be necessary to ensure safe operation.

To pass the inspection,
ALL answers shall be either Yes or N/A

	Yes	No	N/A
1. Is labelling affixed as outlined in Director's Order FS-056-06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If equipment is mounted on 4 wheels, 2 wheels shall be lockable to prevent movement when in service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the equipment as it was originally manufactured without modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the gas components (hoses, regulators, etc.) approved for that service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the appliances equipped with the correct orifices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are the gas lines, fittings and hoses in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the propane cylinder supported properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If the cylinder is in a cabinet, is it well ventilated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are the clearances to combustibles appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the equipment in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the equipment and all its components leak tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are all supply pressures to the equipment set properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does all equipment ignite safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do the safety controls operate properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the equipment operate properly through its firing range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have all deficiencies been corrected and is the equipment safe to operate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does owner/operator understand the Operations/Responsibilities outlined in the Labelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Did you provide the owner/operator with an Information Fact Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Certificate Holder Name (Print)	Signature of Certificate Holder	Date
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