

Food Truck Audit-Ready Binder Template

The Complete Compliance Documentation Set

2026 Edition | FDA Food Code Compliant

WHAT'S INSIDE — 16 DOCUMENTS

- ✓ Cold Holding / Fridge & Freezer Temperature Log
- ✓ Hot Holding Temperature Log
- ✓ Cooking & Reheating Temperature Log
- ✓ Receiving Temperature Log
- ✓ Thermometer Calibration Log
- ✓ Commissary Agreement Template
- ✓ Commissary Visit Log
- ✓ Water Tank Cleaning & Maintenance Log
- ✓ Grey Water Disposal Log
- ✓ Generator Maintenance Log
- ✓ Employee Health Reporting Agreement
- ✓ SOP: Water Refill Protocol
- ✓ SOP: Generator Failure Response
- ✓ SOP: Cleaning & Sanitizing Schedule
- ✓ SOP: Thermometer Calibration Procedure
- ✓ Audit-Ready Binder Checklist

Free Resource from AuditBinder

<https://www.audit-binder.com/resources/temperature-log-templates>

For informational purposes only. Always verify requirements with your local health authority. Based on FDA Food Code 2022.

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This binder template contains every core document a food truck operator needs for a health inspection. Print each section, fill in your business details, and organize in a 3-ring binder.

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Binder Organization Tip: Use tabbed dividers for each section. Keep the current month's logs at the front. Store completed months in a separate archive binder at your commissary. Always keep 90 days of logs on the truck.

Corrective Actions: Continue cooking | Do not serve | Discard if 2-hour reheat window exceeded

Commissary Agreement Template

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This agreement establishes the arrangement between a mobile food unit operator and a licensed commissary facility for required services.

PARTIES

Mobile Food Unit Operator (Name): _____

Business Name / DBA: _____

Mobile Food Unit Permit #: _____

Phone: _____

Email: _____

COMMISSARY FACILITY

Facility Name: _____

Facility Address: _____

Health Permit #: _____

Contact Person: _____

Phone: _____

SERVICES PROVIDED

The commissary agrees to provide the following services (check all that apply):

- Food storage (dry, refrigerated, frozen)
- Food preparation area
- Warewashing / dishwashing facilities
- Potable water fill station
- Wastewater / grey water disposal
- Trash and grease disposal
- Restroom and handwashing facilities
- Equipment storage
- Electrical hookup / generator charging

TERMS

Agreement Start Date: _____

Agreement End Date (or Ongoing): _____

Access Hours: _____

Monthly Fee (if applicable): _____

SIGNATURES

Mobile Food Unit Operator:

Signature: _____	Print Name: _____	Date: _____
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Commissary Facility Representative:

Signature: _____	Print Name: _____	Date: _____
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Note: Keep a signed copy on file in your binder at all times. Renew before expiration. | <https://www.audit-binder.com/>

Generator Maintenance Log

Business Name:

Generator Make/Model:

Month/Year:

Serial #:

Wattage Rating:

Fuel Type:

Generator failures cause temperature spikes that can lead to food safety violations. Regular maintenance prevents costly product losses. Document all maintenance, fuel fills, and operational checks.

Date	Time	Maintenance Task	Oil Level	Fuel Level	Run Test (min)	Issues/Repairs	Next Service	Init.

Maintenance Tasks: Oil check/change | Air filter | Spark plug | Fuel fill | Run test | Belt inspection | Coolant check | Full service

Employee Health Reporting Agreement

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Per FDA Food Code, all food employees must report certain health conditions to the Person in Charge (PIC). This agreement documents each employee's acknowledgment.

Business Name: _____

Location: _____

EMPLOYEE ACKNOWLEDGMENT

I understand that I am required to report the following conditions to my manager/PIC **before** beginning work:

- Vomiting
- Diarrhea
- Jaundice (yellowing of skin/eyes)
- Sore throat with fever
- Infected wound or cut on hands/arms that cannot be properly covered
- Diagnosis with: Salmonella, Shigella, E. coli, Hepatitis A, or Norovirus

I agree to report any of the above conditions **immediately**. I understand that failure to report may result in foodborne illness and disciplinary action.

Employee Information

Employee Name (Print): _____

Position/Role: _____

Food Handler Card # / Expiration Date: _____

Employee Signature:

Signature: _____

Print Name: _____

Date: _____

Manager / PIC Acknowledgment:

Signature: _____

Print Name: _____

Date: _____

File one signed copy per employee. Keep in binder for duration of employment. New agreement required if employee returns after extended absence. | <https://www.audit-binder.com/>

SOP: Water Refill Protocol

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Business Name: _____

Effective Date: _____

Approved By: _____

PURPOSE

To ensure all potable water used in the mobile food unit is safe, clean, and sourced from an approved supply.

PROCEDURE

1. Fill water tank ONLY at the approved commissary potable water fill station.
2. Before connecting hose: inspect hose for cracks, damage, or contamination.
3. Use ONLY food-grade (NSF-approved) hoses. Never use garden hoses.
4. Cap both ends of hose when not in use. Store off the ground in a clean location.
5. Open fill port, connect hose, begin filling. Do not leave unattended.
6. When full, disconnect hose, replace fill cap securely.
7. Record fill in Commissary Visit Log (Water Fill column).
8. If water tastes, smells, or appears abnormal: do NOT use. Drain tank, sanitize, refill.
9. Sanitize water tank per Water Tank Cleaning Log schedule.

FREQUENCY

Refill before each operating day or when tank reaches 25% capacity.

CORRECTIVE ACTIONS

If contamination is suspected: stop using water immediately, drain tank, sanitize with approved sanitizer, refill from approved source, document incident.

Signature: _____

Print Name: _____

Date: _____

SOP: Generator Failure Response

audit-binder.com

Business Name: _____

Effective Date: _____

Approved By: _____

PURPOSE

To protect food safety when the mobile unit's generator fails during operation, ensuring rapid response to prevent temperature abuse.

IMMEDIATE RESPONSE (First 15 Minutes)

1. Document the exact time of generator failure.
2. Immediately take and record temperatures of ALL refrigerated and frozen items.
3. Close all cooler and freezer doors. Do not open unless necessary.
4. Attempt to restart generator. Check fuel level, circuit breakers, oil level.
5. If generator cannot be restarted within 15 minutes, proceed to Extended Failure protocol.

EXTENDED FAILURE (15+ Minutes)

6. Record temperatures of all TCS items every 30 minutes.
7. Contact commissary to arrange emergency cold storage transfer.
8. If any cold TCS food reaches above 41F: begin the 4-hour countdown.
9. Pack items in ice if available. Transfer to commissary within 2 hours if possible.
10. Any TCS food above 41F for more than 4 hours MUST be discarded. Document all discards.
11. Do NOT resume hot holding or cooking until generator is operational.
12. Once generator is restored: verify all equipment reaches proper temperatures before use.

Critical: Document EVERYTHING. Time of failure, all temps taken, products moved/discarded, time of restoration. This documentation protects you during inspection.

EMERGENCY CONTACTS

Commissary: _____

Generator Repair Service: _____

Manager/Owner: _____

Signature: _____

Print Name: _____

Date: _____

SOP: Cleaning & Sanitizing Schedule

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Business Name: _____

Effective Date: _____

Approved By: _____

PURPOSE

To maintain a clean and sanitized mobile food unit that meets health code requirements and prevents cross-contamination.

DURING SERVICE (Every 2-4 Hours)

- Wipe and sanitize all food contact surfaces
- Clean and sanitize cutting boards between different food types
- Empty and sanitize prep area containers
- Check and restock handwashing station
- Wipe down service window and customer-facing areas
- Check sanitizer concentration with test strips (record result)

END OF SHIFT (Daily)

- Clean and sanitize ALL food contact surfaces and equipment
- Clean grill, flat-top, fryer (per equipment manual)
- Empty, clean, and sanitize all containers and utensils
- Sweep and mop all floor areas
- Clean interior walls and ceiling as needed
- Empty all trash receptacles, clean and reline
- Clean and sanitize handwashing and 3-compartment sinks
- Wipe down all exterior service areas
- Check and dispose of expired/damaged food items

WEEKLY

- Deep clean refrigeration units (defrost if needed)
- Clean hood/ventilation system and filters
- Clean behind and under all equipment
- Inspect and clean all storage areas
- Check pest control measures
- Clean exterior of truck (relevant for open-window service)

Sanitizer: Quat sanitizer: 200 ppm | Chlorine bleach: 50-100 ppm | Always verify concentration with test strips. | <https://www.audit-binder.com/>

Signature: _____

Print Name: _____

Date: _____

SOP: Thermometer Calibration

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Business Name: _____

Effective Date: _____

Approved By: _____

PURPOSE

To ensure all thermometers used in the mobile food unit provide accurate readings for food safety monitoring.

ICE POINT METHOD (Preferred)

1. Fill a large cup or container with crushed ice.
2. Add clean cold water until cup is full. Stir.
3. Insert thermometer stem or probe at least 2 inches into the ice water.
4. Wait at least 30 seconds for reading to stabilize.
5. Thermometer should read 32F +/- 2F (0C +/- 1C).
6. If reading is outside this range: adjust calibration nut (if dial type) or replace thermometer.
7. Record results in Thermometer Calibration Log.
8. If thermometer cannot be calibrated to within 2F: remove from service and replace.

FREQUENCY

- At least weekly (or per local health department requirements)
- After a thermometer is dropped
- After measuring extreme temperatures (very hot then very cold)
- When readings seem inaccurate
- When using a new thermometer for the first time

THERMOMETER INVENTORY

Thermometer ID	Type (Dial/Digital)	Location/Use	Purchase Date	Status

Signature: _____

Print Name: _____

Date: _____

Audit-Ready Binder Checklist

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Use this master checklist to verify your binder is complete before every service day. All items must be present during any health inspection.

Business Name:

Date Verified:

Verified By:

TEMPERATURE & PROCESS LOGS

- Cold Holding Log - last 90 days, no gaps
- Hot Holding Log - last 90 days, no gaps
- Cooking Temperature Log (if cooking on-site)
- Reheating Log (if reheating cooked food)
- Receiving Temperature Log - last 90 days
- Thermometer Calibration Log - last 30-90 days

COMMISSARY DOCUMENTATION

- Commissary Agreement - signed, current, not expired
- Commissary Visit Log - every operating day logged
- Services Used columns completed per visit

WATER & WASTE SYSTEMS

- Water Tank Cleaning Log - within required interval
- Potable Hose Inspection documented
- Grey Water Disposal Log - receipts/location logged

EQUIPMENT

- Generator Maintenance Log - current

PERSONNEL & TRAINING

- Employee Health Reporting Agreements (all current staff)
- Food Handler Certifications - all current, not expired
- Training Log - dates and topics documented

SOPs (Standard Operating Procedures)

- Water Refill Protocol
- Generator Failure Response Plan
- Cleaning & Sanitizing Schedule
- Thermometer Calibration Procedure
- Allergen Control Procedure (if applicable)
- Personal Hygiene Policy
- Illness/Injury Reporting Procedure

PERMITS & LICENSES

- Current mobile food unit permit (health department)
- Commissary facility's current health permit (copy)
- Business license
- Food manager certification (if required by jurisdiction)

Binder Score: ____ / 27 items complete

Inspector-ready threshold: 25/27 minimum

Missing items: _____

Signature: _____

Print Name: _____

Date: _____

Need a custom binder generated for your specific operation? Visit <https://www.audit-binder.com/> to build your complete HACCP binder with your equipment names, menu items, and jurisdiction-specific requirements.