



**AMARILLO AREA PUBLIC HEALTH DISTRICT**

Cities of Amarillo, Canyon, the Villages of Timbercreek Canyon, Lake Tanglewood,  
Palisades, the Town of Bishop Hills, and Potter and Randall County

CITY OF AMARILLO, P. O. Box 1971, Amarillo, TX, 79105-1971

Email: [ehealth@amarillo.gov](mailto:ehealth@amarillo.gov)

**Vending Machine Plan Review Guide**

<b><u>Establishment Contact Information:</u></b>  Name: _____ Physical Address: _____ Mailing Address: _____ Phone Number: _____ Email: _____	<b><u>Owners Contact Information:</u></b>  Name: _____ Physical Address: _____ Mailing Address: _____ Phone Number: _____ Email: _____
<b><u>Vending Machine Details:</u></b>  Location of the unit: _____ Machine Number: _____ Unit Description: _____ _____ _____	

Comments:

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**Please include the following documents and information:**

Supplemental Information Needed:

- Proposed Items being sold
- Manufacturer specification sheet

**Vending Machine:**

1. The following items must be prominently displayed on the unit:

- A. Company name and telephone number of the operator; Yes  No
- B. Vending Unit Number; Yes  No
- C. Health Permit Number Yes  No

2. Where will the unit be located?  Indoors  Outdoors

3. If located outside, does the machine have overhead protection? Yes  No

4. If located outside, does the dispensing compartment have a self-closing door/cover? Yes  No

5. Are doors and access opening covers to food and container storage spaces tight-fitting? Yes  No

6. Describe the materials used to ensure the space between the interface between the doors or covers and the cabinet is no larger than 1.5 millimeters or one-sixteenth:

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7. Is the unit equipped with a can opener? Yes  No

8. If yes, is the cutting or piercing part of the can opener protected from any type of contamination? Yes  No

9. Is the unit equipped with an automatic shut off? Yes  No

10. Describe the procedure for handling product from a machine that has been automatically shut off:

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\*The ambient air temperature may not exceed 41°F for a refrigerated vending machine for more than 30 minutes and 135°F for hot holding vending machine for more than 120 minutes immediately after the machine is filled, serviced, or restocked.

**Beverages:** N/A

1. Will the unit vend beverages that are packaged in containers made from paper products? Yes  No
2. If yes, is the unit equipped with diversion devices and retention pans or drains for container leakage? Yes  No
3. Does this unit vend liquid food in bulk? Yes  No
4. If yes, is the unit equipped with an internally mounted waste receptacle for collection of drip, spillage, overflow, or other internal wastes? Yes  No
5. Is the unit equipped with an automatic shut off device that will place the machine out of operation before the waste receptacle overflows? Yes  No

\*The shut off device shall prevent water or liquid food from continuously running if there is a failure of a flow control device in the water or liquid food system or waste accumulation that could lead to overflow of the waste receptacle.

**Food Supplies:**

**Please Note: Time/temperature controlled for safety food dispensed through a vending machine shall be in the package in which it was placed at the food establishment or food processing plant at which it was prepared.**

Please initial when above statement has been read: \_\_\_\_\_

1. Where will you obtain all consumable products? \_\_\_\_\_
2. Where will back stock be stored? \_\_\_\_\_
3. What is the projected frequency for obtaining these products? \_\_\_\_\_
4. Will condiments be available at the vending machine? **If yes, condiments must be in individual packages or dispensers that are filled at approved locations.** Yes  No

**Cold/Hot Storage:**

1. Does each unit have a thermometer that is easily readable? Yes  No

**Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from City of Amarillo Developmental Services Office may nullify final approval.**

Applicants Information

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Owner(s) or responsible representative(s)

**Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required by federal, state or local government. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.**