



**Healthy Vending Machine Program  
Spot Check Form**

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**Vending**

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Date: \_\_\_\_\_ Day of week: \_\_\_\_\_ Time: \_\_\_\_\_

Agency: \_\_\_\_\_ Location in agency: \_\_\_\_\_

Type of machine (vending, drink, combo): \_\_\_\_\_

# Empty slots: \_\_\_\_\_ non- GC \_\_\_\_\_ GC Was 25-100% of the machine GC? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was each snack identified by GC sticker the correct snack? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Comments: \_\_\_\_\_

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**Label Conditions**

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Slot stickers: \_\_\_\_\_ Torn? \_\_\_\_\_ Peeling/coming off? \_\_\_\_\_ Visibly appealing?

Large stickers: \_\_\_\_\_ Torn? \_\_\_\_\_ Peeling corners? \_\_\_\_\_ Marked on/Stained? \_\_\_\_\_ Visibly appealing?

Other Comments: \_\_\_\_\_

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**Marketing Materials, if applicable**

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Table tents:

Present? \_\_\_\_\_ Yes \_\_\_\_\_ No Visible on the table (not crowded by other materials)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Torn? \_\_\_\_\_ Yes \_\_\_\_\_ No Marked on? \_\_\_\_\_ Yes \_\_\_\_\_ Appropriate number used? \_\_\_\_\_ Yes \_\_\_\_\_ No

Posters:

Present? \_\_\_\_\_ Yes \_\_\_\_\_ No Visible? \_\_\_\_\_ Yes \_\_\_\_\_ No Marked on? \_\_\_\_\_ Yes \_\_\_\_\_ No

Machine Toppers:

Present? \_\_\_\_\_ Yes \_\_\_\_\_ No Visible? \_\_\_\_\_ Yes \_\_\_\_\_ No Standing upright? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other comments: \_\_\_\_\_

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