



Healthy Vending Machine Program Spot Check Form

Vending

Date: _____ Day of week: _____ Time: _____

Location: _____ Location of machine(s): _____

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: _____

Label Conditions

Slot stickers: _____ Torn? _____ Peeling/coming off? _____ Visibly appealing?

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

Other comments: _____

Marketing Materials, if applicable

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: _____