

Vending Machine Assessment Form

School: _____ Grades _____

Observer: _____ Date ____/____/____ Day _____ Time _____ am/pm

Vending Machine Location	# Selections	__ Cafeteria __ Classroom __ Gym __ Hall __ Other :								
Contents		Notes:								
		Type/Brand and Size of Selections (i.e. "Dasani" or "Minute Maid Orange Juice" 12 oz 1.50)								
		Type/Brand	Oz.	Cost	Type/Brand	Oz.	Cost	Type/Brand	Oz.	Cost
Healthier Beverages										
Water										
Fruit Juice (100% Juice)										
Diet Soda										
Low Fat Milk: 1% or Skim										
Other Drinks										
Total # of Healthier Beverages		Average container size in oz. of healthier bev.			Average cost per item of healthier beverages					
Low Nutrition Beverages										
Soda/Pop (Regular)										
Whole or 2% Milk										
Iced Tea or Other Sweetened Drink										
Fruit Drink (Less than 100% Juice)										
Sports Drinks: Gatorade, Powerade										
Energy Drinks: Red Bull, Monster, etc										
Other Low-Nutrition Drinks										
Total # of Low Nutrition Beverages		Average container size in oz. of low nutrit. bev.			Average cost per item of healthier beverages					
Availability or vending items	Turned OFF DURING LUNCH HOURS?			YES	NO	Currently ON and Available to Students?			YES	NO
Availability notes										