

Vending Machine Audit Form

Directions: Please complete one form for each vending machine you visit.

Your Name: _____ Your position: _____ Today's date __/__/__

Step 1: Record the time you visited the machine __:___ AM/PM

Step 2: Circle the day of the week: Monday Tuesday Wednesday Thursday Friday

Step 3: Select the location of machine. Be specific (give floor, room number, etc. if applicable – for example: “first floor lobby”)

- ___(1)Alabama Department of Education _____
___(2)Alabama Department of Public Health _____
___(3)Governor's Office and Capital Building _____
___(4)Department of Agriculture and Industries _____
___(5)Other (describe):_____

Step 4: Who has access to the machine?

___Accessible only to employees ___Accessible to the public and employees

Step 5: What type of machine is this?

___Drinks only ___Snacks only ___Sandwich only ___Combination

Step 6: Count the number of slots available and record the number here _____. (Note: for beverage machines, you may need to count the number of “buttons.”)

Step 7: Count the number of empty slots and record the number here _____.

Step 8: Count the number of rows and place the number here. _____.

Step 9: Describe any advertising on the front of the machine. Please list if the ad is for a specific product.

Step 9b. Is the advertised product available in the vending machine now? (complete only if there is advertising on the machine) YES NO

Step 10: Describe any nutrition messages associated with the vending machines (messages on the items, machine, or surrounding area).

Step 10b. Are the items identified in the nutrition messages available in the vending machine? (complete only if there is advertising on the machine) YES NO

Complete the back of this page and return to Teresa Fair, Alabama Department of Health.

