

## **Appendix G4**

### **VENDING MACHINE CHECKLIST**

## VENDING MACHINE CHECKLIST

**School Name:** \_\_\_\_\_  
**Observer Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **SFA ID:** \_\_\_\_\_ **School ID:** \_\_\_\_\_  
**Grades:** \_\_\_\_\_

1. Please record the number of each type of vending machine available to students by location of machines.

Food Source	Location of Vending Machines			
	In food service area	Adjacent to food service area (within 20 feet)	Elsewhere in school building	Outside of school building
a. Milk only				
b. Water only				
c. Milk with juice/water (no soft drinks)				
d. Water with juice (no soft drinks)				
e. Non-carbonated soft drinks with or without water/milk				
f. Carbonated soft drinks with or without water				
g. Snacks/candy/cookies				
h. Entrees, non-refrigerated				
i. Frozen foods				
j. Combination (Specify _____)				
k. Combination (Specify _____)				
l. Combination (Specify _____)				
m. Combination (Specify _____)				
n. Other (Specify _____)				
o. Other (Specify _____)				
p. Other (Specify _____)				
q. Other (Specify _____)				

2. Place a check mark in the box corresponding to each food and/or beverage item sold in vending machines by location of machine.

Food Item	Availability of Food Item in Vending Machines			
	In food service area	Adjacent to food service area (within 20 feet)	Elsewhere in school building	Outside of school building
<b>A. Beverages</b>				
Carbonated Sweetened Soft Drink	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Carbonated Diet Soft Drink	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Juice (100% juice)	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Juice Drinks (Cranberry Drink, Fruit Blends, Hi-C, Lemonade, Punch)	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Iced Tea (sweetened)	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Iced Tea (unsweetened)	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Water (Spring Water, Flavored Water, Sparkling Water, Mineral Water, Seltzer Water)	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Water (Water with Juice)	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Coffee	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Tea (hot)	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Hot Chocolate	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Yogurt Drinks	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>
Energy and Sports Drinks (Gatorade, Powerade, Red Bull)	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>
Other (Specify _____)	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>
<b>B. Dairy</b>				
Whole Milk	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>
Reduced Fat (2%) White Milk	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>
Low Fat (1%) White Milk	17 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>
Fat-Free White Milk	18 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>
Fat-Free Flavored Milk	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>
Yogurt	20 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>
Cheese	21 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>
Other (Specify _____)	22 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>

Food Item	Availability of Food Item in Vending Machines			
	In food service area	Adjacent to food service area (within 20 feet)	Elsewhere in school building	Outside of school building
<b>C. Baked Goods - Dessert</b>				
Cake-Type (Brownies, Cupcakes, Twinkies)	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>
Cake-Type (Low-Fat/Reduced-Fat Brownies, Cupcakes, Twinkies)	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>
Cookies	25 <input type="checkbox"/>	25 <input type="checkbox"/>	25 <input type="checkbox"/>	25 <input type="checkbox"/>
Cookies (Low-Fat/Reduced Fat)	26 <input type="checkbox"/>	26 <input type="checkbox"/>	26 <input type="checkbox"/>	26 <input type="checkbox"/>
Pastries (Pies, Turnovers)	27 <input type="checkbox"/>	27 <input type="checkbox"/>	27 <input type="checkbox"/>	27 <input type="checkbox"/>
Other (Specify _____)	28 <input type="checkbox"/>	28 <input type="checkbox"/>	28 <input type="checkbox"/>	28 <input type="checkbox"/>
<b>D. Bread or Grain Products</b>				
Regular Bread (Bread, Rolls, Bagels)	29 <input type="checkbox"/>	29 <input type="checkbox"/>	29 <input type="checkbox"/>	29 <input type="checkbox"/>
Whole Grain Bread (Bread, Rolls, Bagels)	30 <input type="checkbox"/>	30 <input type="checkbox"/>	30 <input type="checkbox"/>	30 <input type="checkbox"/>
Other Bread (Biscuits, Croissants, Hot Pretzels)	31 <input type="checkbox"/>	31 <input type="checkbox"/>	31 <input type="checkbox"/>	31 <input type="checkbox"/>
Muffins (Regular)	32 <input type="checkbox"/>	32 <input type="checkbox"/>	32 <input type="checkbox"/>	32 <input type="checkbox"/>
Muffins (Whole Grain)	33 <input type="checkbox"/>	33 <input type="checkbox"/>	33 <input type="checkbox"/>	33 <input type="checkbox"/>
Muffins (Low-Fat/Reduced-Fat)	34 <input type="checkbox"/>	34 <input type="checkbox"/>	34 <input type="checkbox"/>	34 <input type="checkbox"/>
Granola Bars	35 <input type="checkbox"/>	35 <input type="checkbox"/>	35 <input type="checkbox"/>	35 <input type="checkbox"/>
Granola Bars (Low-Fat/Reduced-Fat)	36 <input type="checkbox"/>	36 <input type="checkbox"/>	36 <input type="checkbox"/>	36 <input type="checkbox"/>
Pretzels (Regular, Sourdough)	37 <input type="checkbox"/>	37 <input type="checkbox"/>	37 <input type="checkbox"/>	37 <input type="checkbox"/>
Pretzels (Whole Grain)	38 <input type="checkbox"/>	38 <input type="checkbox"/>	38 <input type="checkbox"/>	38 <input type="checkbox"/>
Crackers/Cracker Sandwiches: Peanut Butter	39 <input type="checkbox"/>	39 <input type="checkbox"/>	39 <input type="checkbox"/>	39 <input type="checkbox"/>
Crackers/Cracker Sandwiches: Cheese	40 <input type="checkbox"/>	40 <input type="checkbox"/>	40 <input type="checkbox"/>	40 <input type="checkbox"/>
Cereal/Cereal Bars	41 <input type="checkbox"/>	41 <input type="checkbox"/>	41 <input type="checkbox"/>	41 <input type="checkbox"/>
Other (Specify _____)	42 <input type="checkbox"/>	42 <input type="checkbox"/>	42 <input type="checkbox"/>	42 <input type="checkbox"/>

Food Item	Availability of Food Item in Vending Machines			
	In food service area	Adjacent to food service area (within 20 feet)	Elsewhere in school building	Outside of school building
<b>E. Frozen Desserts</b>				
Frozen Non-Diary (Fruit Bars, Jello Pops, Popsicles)	43 <input type="checkbox"/>	43 <input type="checkbox"/>	43 <input type="checkbox"/>	43 <input type="checkbox"/>
Ice Cream (Bars, Cups, Fudgesicles, Sundaes)	44 <input type="checkbox"/>	44 <input type="checkbox"/>	44 <input type="checkbox"/>	44 <input type="checkbox"/>
Low-Fat Frozen Desserts (Frozen Yogurt, Ice Milk, Sherbet)	45 <input type="checkbox"/>	45 <input type="checkbox"/>	45 <input type="checkbox"/>	45 <input type="checkbox"/>
Milkshakes	46 <input type="checkbox"/>	46 <input type="checkbox"/>	46 <input type="checkbox"/>	46 <input type="checkbox"/>
Smoothies	47 <input type="checkbox"/>	47 <input type="checkbox"/>	47 <input type="checkbox"/>	47 <input type="checkbox"/>
<b>F. Fruit and Vegetables</b>				
Canned or Cooked Fruit	48 <input type="checkbox"/>	48 <input type="checkbox"/>	48 <input type="checkbox"/>	48 <input type="checkbox"/>
Fresh Fruit (whole, cut)	49 <input type="checkbox"/>	49 <input type="checkbox"/>	49 <input type="checkbox"/>	49 <input type="checkbox"/>
Fruit Salad (Fresh)	50 <input type="checkbox"/>	50 <input type="checkbox"/>	50 <input type="checkbox"/>	50 <input type="checkbox"/>
Fruit Salad (Canned in Water)	51 <input type="checkbox"/>	51 <input type="checkbox"/>	51 <input type="checkbox"/>	51 <input type="checkbox"/>
Fruit Salad (Canned in Light Syrup)	52 <input type="checkbox"/>	52 <input type="checkbox"/>	52 <input type="checkbox"/>	52 <input type="checkbox"/>
Dried Fruit	53 <input type="checkbox"/>	53 <input type="checkbox"/>	53 <input type="checkbox"/>	53 <input type="checkbox"/>
Other Fresh Fruit ( <i>Specify _____</i> )	54 <input type="checkbox"/>	54 <input type="checkbox"/>	54 <input type="checkbox"/>	54 <input type="checkbox"/>
Vegetables, Side Salad	55 <input type="checkbox"/>	55 <input type="checkbox"/>	55 <input type="checkbox"/>	55 <input type="checkbox"/>
Vegetables, Raw	56 <input type="checkbox"/>	56 <input type="checkbox"/>	56 <input type="checkbox"/>	56 <input type="checkbox"/>
Other Fresh Vegetables ( <i>Specify _____</i> )	57 <input type="checkbox"/>	57 <input type="checkbox"/>	57 <input type="checkbox"/>	57 <input type="checkbox"/>
<b>G. Snacks</b>				
Chips (Corn, Potato, Tortilla)	58 <input type="checkbox"/>	58 <input type="checkbox"/>	58 <input type="checkbox"/>	58 <input type="checkbox"/>
Chips (Lower-Fat/Reduced-Fat Corn, Potato, Tortilla)	59 <input type="checkbox"/>	59 <input type="checkbox"/>	59 <input type="checkbox"/>	59 <input type="checkbox"/>
Puffed Cheese (Regular)	60 <input type="checkbox"/>	60 <input type="checkbox"/>	60 <input type="checkbox"/>	60 <input type="checkbox"/>
Puffed Cheese (Lower-Fat/Reduced-Fat)	61 <input type="checkbox"/>	61 <input type="checkbox"/>	61 <input type="checkbox"/>	61 <input type="checkbox"/>
Nuts and Seeds (Almonds, Peanuts, Sunflower Seeds, Trail Mix)	62 <input type="checkbox"/>	62 <input type="checkbox"/>	62 <input type="checkbox"/>	62 <input type="checkbox"/>
Fruit Snacks (Roll-Up, Gummies)	63 <input type="checkbox"/>	63 <input type="checkbox"/>	63 <input type="checkbox"/>	63 <input type="checkbox"/>

Food Item	Availability of Food Item in Vending Machines			
	In food service area	Adjacent to food service area (within 20 feet)	Elsewhere in school building	Outside of school building
Popcorn	64 <input type="checkbox"/>	64 <input type="checkbox"/>	64 <input type="checkbox"/>	64 <input type="checkbox"/>
Meat Snacks (Jerky, Pork Rinds)	65 <input type="checkbox"/>	65 <input type="checkbox"/>	65 <input type="checkbox"/>	65 <input type="checkbox"/>
Candy with Chocolate	66 <input type="checkbox"/>	66 <input type="checkbox"/>	66 <input type="checkbox"/>	66 <input type="checkbox"/>
Candy without Chocolate	67 <input type="checkbox"/>	67 <input type="checkbox"/>	67 <input type="checkbox"/>	67 <input type="checkbox"/>
Energy Bars (Balance Bars, Luna Bars, Power Bars, etc)	68 <input type="checkbox"/>	68 <input type="checkbox"/>	68 <input type="checkbox"/>	68 <input type="checkbox"/>
Other (Specify _____)	69 <input type="checkbox"/>	69 <input type="checkbox"/>	69 <input type="checkbox"/>	69 <input type="checkbox"/>
<b>H. Prepared / Pre-Prepared Entrees and Food</b>				
Hot Dogs	70 <input type="checkbox"/>	70 <input type="checkbox"/>	70 <input type="checkbox"/>	70 <input type="checkbox"/>
Hamburgers or Cheeseburgers	71 <input type="checkbox"/>	71 <input type="checkbox"/>	71 <input type="checkbox"/>	71 <input type="checkbox"/>
Veggie Burgers	72 <input type="checkbox"/>	72 <input type="checkbox"/>	72 <input type="checkbox"/>	72 <input type="checkbox"/>
Grilled Sandwiches	73 <input type="checkbox"/>	73 <input type="checkbox"/>	73 <input type="checkbox"/>	73 <input type="checkbox"/>
Cold Sandwiches	74 <input type="checkbox"/>	74 <input type="checkbox"/>	74 <input type="checkbox"/>	74 <input type="checkbox"/>
Burritos	75 <input type="checkbox"/>	75 <input type="checkbox"/>	75 <input type="checkbox"/>	75 <input type="checkbox"/>
Taco	76 <input type="checkbox"/>	76 <input type="checkbox"/>	76 <input type="checkbox"/>	76 <input type="checkbox"/>
Meal-Size Salad	77 <input type="checkbox"/>	77 <input type="checkbox"/>	77 <input type="checkbox"/>	77 <input type="checkbox"/>
Pizza (Slice)	78 <input type="checkbox"/>	78 <input type="checkbox"/>	78 <input type="checkbox"/>	78 <input type="checkbox"/>
Pizza (Bites)	79 <input type="checkbox"/>	79 <input type="checkbox"/>	79 <input type="checkbox"/>	79 <input type="checkbox"/>
Pasta	80 <input type="checkbox"/>	80 <input type="checkbox"/>	80 <input type="checkbox"/>	80 <input type="checkbox"/>
French Fries	81 <input type="checkbox"/>	81 <input type="checkbox"/>	81 <input type="checkbox"/>	81 <input type="checkbox"/>
Onion Rings	82 <input type="checkbox"/>	82 <input type="checkbox"/>	82 <input type="checkbox"/>	82 <input type="checkbox"/>
Mozzarella Sticks	83 <input type="checkbox"/>	83 <input type="checkbox"/>	83 <input type="checkbox"/>	83 <input type="checkbox"/>
Other (Specify _____)	84 <input type="checkbox"/>	84 <input type="checkbox"/>	84 <input type="checkbox"/>	84 <input type="checkbox"/>

Food Item	Availability of Food Item in Vending Machines			
	In food service area	Adjacent to food service area (within 20 feet)	Elsewhere in school building	Outside of school building
I. Other (Specify)				
_____	85 <input type="checkbox"/>	85 <input type="checkbox"/>	85 <input type="checkbox"/>	85 <input type="checkbox"/>
_____	86 <input type="checkbox"/>	86 <input type="checkbox"/>	86 <input type="checkbox"/>	86 <input type="checkbox"/>
_____	87 <input type="checkbox"/>	87 <input type="checkbox"/>	87 <input type="checkbox"/>	87 <input type="checkbox"/>
_____	88 <input type="checkbox"/>	88 <input type="checkbox"/>	88 <input type="checkbox"/>	88 <input type="checkbox"/>
_____	89 <input type="checkbox"/>	89 <input type="checkbox"/>	89 <input type="checkbox"/>	89 <input type="checkbox"/>
_____	90 <input type="checkbox"/>	90 <input type="checkbox"/>	90 <input type="checkbox"/>	90 <input type="checkbox"/>