



please visit: http://bit.ly/NFVP_wastetrackingsurvey

Printable NFVP Waste Tracking Form



Completed by Food Handler and faxed or emailed to Rachel Globensky, Program Coordinator

Fax: (807) 625-4825 Email: NFVP@tbdhu.com

School Name: _____

Food Handler: _____

Date	Fruit and Vegetable Provided	Amount Wasted (Please put an 'X' in the most appropriate category)				
		0% (None wasted)	25% (A little bit wasted)	50% (Half wasted)	75% (A lot wasted)	100% (All wasted)

Comments: Please share any successes, challenges, and/or stories about this month's program delivery.
