

# Food Waste Audit

Name \_\_\_\_\_

Date \_\_\_\_\_



CALIFORNIA  
ACADEMY OF  
SCIENCES

Date	What food did I throw away?	Why?
4/5/2017	<input type="checkbox"/> Meat <input checked="" type="checkbox"/> Fruit <input type="checkbox"/> Vegetables <input checked="" type="checkbox"/> Bread <input checked="" type="checkbox"/> Milk <input type="checkbox"/> Other: _____	Bread - I was full Fruit - My banana was smashed Milk - I don't like milk
	<input type="checkbox"/> Meat <input type="checkbox"/> Fruit <input type="checkbox"/> Vegetables <input type="checkbox"/> Bread <input type="checkbox"/> Milk <input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Meat <input type="checkbox"/> Fruit <input type="checkbox"/> Vegetables <input type="checkbox"/> Bread <input type="checkbox"/> Milk <input type="checkbox"/> Other: _____	
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What patterns did you notice in foods that were wasted or why they were thrown away?