

Outlet ID:		Changes to merchant information? (If no, leave blank)
Merchant Name:		
Owner:		
Phone:		
Address:		
City:		
Zip:		
County:		
Stratum:		
Contractor:		
Store Type(s):		Outlet Type:

2. Type of Visit: Compliance Check

3. Date of Visit: Time of Visit:

4. Was inspection conducted? No (answer 4a.) Yes (answer 4b.)

4a. If No, why? Select one option only from the table.

<input type="checkbox"/> Out of business	<input type="checkbox"/> On Tribal land	<input type="checkbox"/> Youth educator knows sales person
<input type="checkbox"/> Does not sell tobacco products	<input type="checkbox"/> Out of contract service area	<input type="checkbox"/> Staff too busy for education visit
<input type="checkbox"/> Could not locate merchant	<input type="checkbox"/> Visit was outside of business hours	<input type="checkbox"/> Duplicate Outlet (Specify Id): <input type="text"/>
<input type="checkbox"/> Inaccessible to youth	<input type="checkbox"/> Tobacco out of stock	<input type="checkbox"/> Other (Specify): <input type="text"/>
<input type="checkbox"/> Temporary closure	<input type="checkbox"/> Police Presence	

4b. If yes,

- 1. Was buy attempt successful? No Yes
- 2. Did clerk ask youth for ID? No Yes
- 3. What was clerk's gender? Male Female

Youth Inspector Name Initials:

Youth Witness Name Initials:

Adult Inspector/Supervisor

Name

Signature

Return hard copy forms to:

Synar Coordinator
HSD/BHSD/OSAP 37 Plaza La Prensa
SANTA FE, NM 87507

Original forms returned NO LATER THAN:

For payment, all forms must be submitted electronically through

BHSDSTAR.org