

Outlet ID:		1. 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: **Merchant Education** First-time visit Annual Visit

3. Date of Visit: Time of Visit:

4. Were you able to conduct merchant education visit? No (Answer 4a.) Yes (Answer 4b.)

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

- | | | |
|---|--|---|
| <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="checkbox"/> Inaccessible to youth | <input type="checkbox"/> Tobacco out of stock | <input type="checkbox"/> Other (Specify): |
| <input type="checkbox"/> Temporary closure | <input type="checkbox"/> Police Presence | |

4b. If Yes, what type of Merchant Education was completed during this visit? Select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> State law explained | <input type="checkbox"/> Merchant education provided to store manager |
| <input type="checkbox"/> ID check explained | <input type="checkbox"/> Merchant education provided to store clerk |
| <input type="checkbox"/> Tobacco Products Act sign posted | |

5. Were youth or community members involved in visit? No Yes 5a. If yes, how many?

5b. If yes, specify initials of youth/community participants:

Adult Educator

Name

Signature

Return hard copy forms to:

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

For payment, all forms must be submitted electronically through
BHSDSTAR.org