

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 Check3. 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? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Did clerk ask youth for ID? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. What was clerk's gender? | <input type="checkbox"/> Male | <input type="checkbox"/> Female |

Youth Inspector Name Initials: Youth Witness Name Initials:

Adult Inspector/Supervisor

Name

Signature

Return hard copy forms to:
Synar CoordinatorHCA/BHSD/OSAP 37 Plaza La
Prensa
SANTA FE, NM 87507For payment, all forms must be
submitted electronically through[BHSDSTAR.org](https://bhdsstar.org)