Outlet ID: Merchant Name: Owner: Phone: Address: City: Zip: County: Stratum: Contractor: Store Type(s): Outlet Ty 2. Type of Visit: Compliance Check 3. Date of Visit: Time of 4. Was inspection conducted? No (answer 4a.) 4a. If No, why? Select one option only from the table. Out of business Does not sell tobacco products Could not locate merchant Inaccessible to youth Temporary closure Out of stock Police Presence 4b. If yes, 1. Was buy attempt successful? 2. Did clerk ask youth for ID? 3. What was clerk's gender? Adult Inspector/Supervisor	Synar <u>COMPLIAN</u>
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Youth Witness Name	Yes Yes Female
	Initials:
Adult Inspector/Supervisor	Initials:
Name	Signature

Return hard copy forms to: Synar Coordinator

HCA/BHSD/OSAP 37 Plaza La Prensa SANTA FE, NM 87507 For payment, all forms must be submitted electronically through BHSDSTAR.org