

YOUTH TOBACCO ACT COMPLIANCE CHECK REPORTING FORM

Coordinating Agency: Macomb County Office of Substance Abuse Record #: F-587

Inspection Date: (MM/DD/YY): 7 17 2012 Time of Visit: 6 30 p.m.

Youth Inspector: Name/ID Number: Jane Doe / MAC01 Age/Date of Birth: 16 03 17 1996 Gender: (F) Female

Adult Chaperone: Name/ID Number: John Doe / MAC91

Outlet Information:

Outlet information box containing address: MACOMB 50 OTC 2 S, SMOKE SHOP 2233 MAIN STREET, ANY TOWN, MI 48310, and phone: 586-777-5555.

Site Name or Address Correction:

Name: Do Not Fill in UNLESS it is different from the outlet info Address: Do Not Fill in UNLESS it is different from the outlet info

City: Do Not Fill in UNLESS it is different from the outlet info Zip: Phone:

1. Type of Retailer: (01) Grocery (X) (02) Convenience (03) Gas Station (04) Restaurant (05) Bar/lounge (06) Other

2. Type of Outlet: (X) (OTC) Over the Counter (VM) Vending Machine

3. Is Outlet Eligible? (X) (1) Yes (If yes, go to #4b.) (0) No (If no, complete #4a, then skip to signatures.)

4a. If no, check one of the following reasons:

- (11) Out of Business (12) Does not Sell Tobacco products (13) Inaccessible by Youth (14) Private Club/Personal Residence (15) Temporary long term closure (16) Unlocatable (17) Wholesale only/Carton sale only (18) Vending Machine Broken (19) Duplicate (I10) Other

4b. If Outlet was eligible, was inspection completed? (X) (EC) Yes (If yes, go to #5.) (0) No (If no, complete #4c, then skip to signatures)

4c. If no, check one of the following reasons. (N1 and N8 are not valid for Synar Checks):

- (N1) In operation but closed at the time of visit (N2) Unsafe to access (N3) Presence of Police (N4) Youth inspector knows salesperson (N5) Moved to new location (N6) Drive thru only/youth inspector has no driver's license (N7) Tobacco out of stock (N8) Run out of time (N9) Other

5. If inspection was completed, was buy attempt successful? (1) Yes (X) (0) No (0) Did not ask either

6. Clerk: (01) Only asked my age (X) (02) Asked for my ID

7. What was clerk's gender? (X) (M) Male (F) Female

8. What is the race/ethnicity of the clerk? (01) Black (X) (02) White (03) Native American (04) Hispanic (05) Asian (06) Arab/Chaldean (07) Other

9. I had to ask for tobacco from behind the counter. (X) (1) Yes (0) No

10. Was a Youth Tobacco Act Sign posted? (X) (1) Yes (0) No

11. Was the outlet selling "loosies"? (X) (1) Yes (0) No

Comments:

Any additional comments that were said to you by the clerk when you were attempting to buy tobacco.

Youth Inspector Signature: Jane Doe

Adult Chaperone Signature: John Doe