

TOBACCO COMPLIANCE CHECK REPORTING FORM

(One form is required for each business on the list regardless of the status of the check.)

Do not substitute if provided a list

THIS FORM MUST BE FILLED IN COMPLETELY AND LEGIBLY

Section 1

	1st visit	2nd visit	3rd visit
Date/Time visits			
Incomplete reason From Sec. 3			

Name of Business : «Business_Name» «SID»

Address of Business: «Address»

City NE Zip: «City» NE «ZIP»

Section 2 CHECK INFORMATION: (Circle Response)

Outlet – Type of Sales	OTC – Over the counter (Clerk Sales)	VM – Vending Machine
Inspection Completion Status	EC – Check Complete	IN (Incomplete Check)
Compliance Status	EC1 – (Violation)	EC0 – (In Compliance)

Section 4 - VIOLATIONS	
Citation Issued	YES NO
Case #	
Citation Issued to: (circle at least one)	Clerk Owner Manager

Section 3 - Incomplete Reason: (Circle)

N1 In operation but closed at visit time
N2 Unsafe to access by youth inspector
N3 Police is present in the outlet
N4 Youth inspector knows the sales person
N5 Moved to new location
N6 Drive through only Youth has no DL
N7 Tobacco out of stock
N8 Run out of time for inspections
I1 Out of business
I2 Does not sell tobacco Products
I3 Inaccessible by youth
I4 Private club
I5 Closed for a period of time (seasonal, reno)
I6 Cannot locate
I7 Wholesale only
I8 Vending machine broken
I9 Duplicate
**** Other (explain):** _____

Section 6
Officer Badge No: _____ Area: _____
Signature: _____

Section 5 Cooperating Individual Information

AGE 15 16 17 (proportionality)

Gender: **M** (Male) **F** (Female)

ID Checked? **Yes** **No**

CI Number _____

Type of Business: (Circle)

- B1** Convenience Store/Gas Station
- B2** Grocery Store
- B3** Package Liquor
- B4** Liquor Establishment
- B5** Restaurant
- B6** Other

Type of Product: Cigarette, Cigar, Pipe, Cut, Chew, Other

Remarks:

**Instructions for
Tobacco Compliance Check Reporting Form**
(Revised: Nov 2009)

Do not substitute if provided a list of outlets to inspect. Substitution creates statistical error

SECTION 1

Date and time of Check: Complete time using either 12 or 24 hour clock. Include AM or PM if using 12 hour clock.

If not already done, enter Business Name, Address, City or Zip. If a new business (change of ownership or otherwise) occupies the space at address update information and conduct compliance check.

SECTION 2: Check Information

Outlet: Type of Sales – Circle OTC for a clerk sale over the counter. Indicate VM for sales from vending machines. Follow special protocol for vending machines sales.

Inspection Completion Status: Indicate if the inspection was complete or incomplete. Incomplete checks must be indicated using *incomplete reason*. Use only one reason for any single check. If in doubt give facts in “other” line or in Remarks section of form. Skip compliance status but complete section 5 and 6. If inspection is later completed return all forms with appropriate information for each inspection attempted. Up to 3 attempts may be made to complete an inspection at any one location.

Compliance Status: Indicate whether a sales was or was not made to a cooperating individual. If sale was made a violation has occurred circle EC1 (Violation) and complete the violations box and section 5 and 6. If no sale was made to a cooperating individual circle EC0 (In Compliance) and complete section 5 and 6.

SECTION 3 – Incomplete codes: Circle code for inspections not completed. Continue with sections 5 and 6

SECTION 4 Violations – Circle whether citation was issued, provide case number and indicate to whom citation(s) were issued - Clerk, Manager, Owner.

SECTION 5

Cooperating Individual Information: (CI's) Whether the inspection was completed or not indicate the cooperating individuals information.

Age: Only persons 15, 16, or 17 years may conduct inspections. Inspections must be completed in proportionality to the number of CI's so that not more than 40 % of inspections are completed by any one age group. See also gender requirements Ideally, if 100 inspections were conducted there would be about 16 or 17 inspections in each cell representing the 6 cells of the age/gender matrix.

Gender: Circle appropriate response. Inspections must be complete in proportionality to the number of CI's so that not more than 60% of inspections are conducted by members any one gender. See also Age requirements.

ID checked: During Inspection did the merchants representative check the cooperating individuals identification.

CI Number. CI number may be a formal employee number, a phone number, or sequential number used by the adult in charge of the inspections. Use the same number to identify each unique individual. Each CI must be identified by a unique number, that number must be used for all inspections conducted by the individual. Use of alpha characters is discouraged.

Type of Business: Complete by circling the appropriate type of business. Write in a description of business if not one of those indicated.

Type of Product - Circle the type of product attempted to purchase - Cigarette, Cigar, Cut Tobacco, Pipe Tobacco, Chew (snuff) or other.

Remarks: To use circle “USE BACK” and enter comment or extend explanation on back of form.

SECTION 6: Provide officer identifying information including badge number, a signature and Patrol Troop Area or municipality.