



STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
ADDICTIVE AND MENTAL DISORDERS DIVISION
TOBACCO COMPLIANCE INSPECTION REPORT

Inspection Number: **0809-1277**

Outlet Information:	SYNAR INSPECTION	<input type="checkbox"/> (C) Convenience store with or without gas <input type="checkbox"/> (G) Gas station with no convenience store <input type="checkbox"/> (GR) Grocery store <input type="checkbox"/> (D) Drug store <input type="checkbox"/> (GM) General merchandise <input type="checkbox"/> (T) Tobacco store <input type="checkbox"/> (L) Liquor store <input type="checkbox"/> (BTC) Bar / Tavern / Casino <input type="checkbox"/> (R) Restaurant <input type="checkbox"/> (HMI) Hotel / Motel / Inn <input type="checkbox"/> (O) Other _____
SOME RETAIL GROCER 456 SOME PLACE SMALL CITY ZZ 99999 Comments: Great place for lunch Directions: Behind Smoke Shop Hours:	ID # 3590 Outlet Description: (GR) Grocery store Point of Purchase Type: (OTC) Over The Counter (406)123-4567	
Inspector Notes / Corrections:		<input type="checkbox"/> Comments have been written on the back of this form.

Date Of Inspection: _____ **Time:** _____ AM PM

STEP ONE - Description of the Inspection: (Check One Box Only)

(EC) ELIGIBLE AND COMPLETE - Outlet sells tobacco, tobacco was in stock, and youth attempted purchase **STOP GO TO STEP 2**

<input type="checkbox"/> (1) OUT OF BUSINESS	<input type="checkbox"/> (6) UNLOCATABLE
<input checked="" type="checkbox"/> (2) DOES NOT SELL TOBACCO PRODUCTS <input type="checkbox"/> CHECKED BY _____	<input type="checkbox"/> (7) WHOLESALE/CARTON SALE ONLY
<input type="checkbox"/> (3) INACCESSIBLE BY YOUTH	<input checked="" type="checkbox"/> (8) VENDING MACHINE BROKEN <input type="checkbox"/> VERIFIED
<input type="checkbox"/> (4) PRIVATE CLUB/RESIDENCE	<input type="checkbox"/> (9) DUPLICATE
<input type="checkbox"/> (5) TEMPORARY LONG-TERM CLOSURE	<input type="checkbox"/> (10) OTHER INELIGIBLE: _____
<input type="checkbox"/> (N1) CLOSED AT TIME OF VISIT	<input type="checkbox"/> (N6) DRIVE THRU ONLY
<input type="checkbox"/> (N2) UNSAFE TO ACCESS	<input checked="" type="checkbox"/> (N7) TOBACCO OUT OF STOCK <input type="checkbox"/> VERIFIED
<input type="checkbox"/> (N3) PRESENCE OF POLICE	<input type="checkbox"/> (N8) RAN OUT OF TIME
<input type="checkbox"/> (N4) YOUTH INSPECTOR KNOWS CLERK	<input type="checkbox"/> (N9) OTHER NOT INSPECTED: _____
<input type="checkbox"/> (N5) MOVED TO NEW LOCATION	

STOP GO TO STEP 5

STEP TWO - Inspection Results: (Check Appropriate Box) NO SALE SALE

STEP THREE - Description of the Clerk: Clerk's Name: _____

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Approximate: Age _____ Height _____ Weight _____
Race: <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic	Hair: Color _____ Length _____ Facial Hair _____ Eye Glasses: <input type="checkbox"/> No <input type="checkbox"/> Yes Type of Frame (wire, black plastic, etc.) _____ Other Outstanding Features (Tattos, Scars, Jewelry, etc.): _____

STEP FOUR - Incident Description: (SALE - Complete All Areas / NO SALE - Blue Areas)

Point of Purchase: (VM) Vending Machine (OTC) Check-out Stand / Over the Counter Other (explain) _____

Brand of Tobacco: _____ Smokeless / Spit Cigarette Other

Price of Tobacco: _____ Did minor receive a receipt? NO YES - (If "YES", Receipt must accompany evidence)

Incident Narrative: Include location of tobacco such as a self-service display, behind the checkstand, vending machine location; location of purchase attempt such as checkstand number, camera bar, etc.; and any comments made by a clerk or observations made by the adult witness.

STEP FIVE - Signature Block: Youth ID (last 4 of SS#) _____ Youth Gender: M F Age _____

Adult Witness: FRANCIS XAVIER Signature: _____ Home # _____ Work #: 406.123.4567

For Office Use Only: _____
