



Youth Tobacco Act Compliance Check Campaign

2023/2024 Report Form

Please complete this form in its entirety. Circle or write in your response.

Compliance Check Date: ____/____/____

Time of Compliance Check: ____:____ AM PM

Law Enforcement Officer: _____

Youth Inspector's Name: _____ Age: _____

Date of Birth: ____/____/____

Gender: Male Female

Name of Establishment

Name or Address Correction

Type of Establishment: Grocery Convenience Gas Station Restaurant Bar/lounge
Other (Specify): _____

Was the establishment eligible for a check?

Yes No

*If No, indicate reason: _____

Was the youth able to complete a check?

Yes No

*If No, indicate reason: _____

Was tobacco purchased by a minor during the check? Yes No

Did the Employee:

Ask Youth's Age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Asked for ID? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Did Not Ask Either
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Was Youth Tobacco Act Signage posted? Yes No

Does the establishment sell "e cigarettes" or liquid nicotine oils? Yes No

Does the establishment sell alcohol? Yes No

If you issue a citation for a sale to a minor, please ask the following questions:

Did you know that you would receive a ticket for selling tobacco to a minor? Yes No Not Sure

Why did you sell? (check all that apply)

Read youth's ID wrong Thought youth was old enough Wanted to be nice Wasn't trained

Was busy and or stressed Other: _____

Additional Notes (use back side if more space is needed):

Youth Inspector's Signature: _____

Law Enforcement Signature: _____