



28070

College Grant Funded?

DAODAS COMPLIANCE CHECK FORM

TOBACCO ALCOHOL

Date / / PLEASE WRITE IN CAPS Time : AM PM

Location Name

Address

City Zip

County Circuit

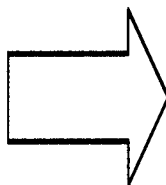
TYPE OF BUSINESS

- | | |
|---|--|
| <input type="radio"/> Convenience Store/Gas Station | <input type="radio"/> Liquor/ABC/Package Store |
| <input type="radio"/> Convenience Store Only | <input type="radio"/> Small Grocery |
| <input type="radio"/> Bar/Tavern | <input type="radio"/> Large Grocery |
| <input type="radio"/> Hotel | <input type="radio"/> Drug Store |
| <input type="radio"/> Restaurant | <input type="radio"/> Other |

- Establishment
- Off Premise
- On Premise

ATTEMPTED PURCHASE PRODUCT

- "Alcopop" (Flavored/Caffeinated Malted Beverage)
- Beer
- Liquor
- Wine or Wine Coolers
- Cigarettes
- Other Tobacco Product



Brand/Product Description

Sale Completed? <input type="radio"/> Yes <input type="radio"/> No	Buyer's Age Asked? <input type="radio"/> Yes <input type="radio"/> No
Age-Check Equipment Used? <input type="radio"/> Yes <input type="radio"/> No	ID Requested? <input type="radio"/> Yes <input type="radio"/> No
ID-Check Signage Visible? <input type="radio"/> Yes <input type="radio"/> No	ID Studied? <input type="radio"/> Yes <input type="radio"/> No

Clerk's Race: Black White Hispanic Other

Clerk's Gender: Male Female

Clerk's Estimated Age: 15-17 18-20 21-24 25-44 45-64 65+

Buyer's Age: <input type="text"/>	Buyer's Gender: <input type="radio"/> Male <input type="radio"/> Female	Buyer's Picture Taken?
Buyer's Race: <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Hispanic <input type="radio"/> Other	<input type="radio"/> Before <input type="radio"/> After	

If Sold: Actual Amount of Fine: \$.

Has the individual taken a class on responsible alcohol sales before? No Yes

Program Name: