



Synar Survey



Survey Date:		Survey Number:	
Time of Survey:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
Investigative Aide	Investigative Aide ID:		
	Age:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Agent Assigned	Name/ID:		
Licensee/Location Information:		Licensee/Location Name or address	
Outlet ID: License Number: Name: DBA: Address: City: State: Zip Code:		Correction:	
Type of Sales Transaction: <input type="checkbox"/> Over the Counter <input type="checkbox"/> Vending Machine Is licensed premise eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No (Unsatisfactory condition) <input type="checkbox"/> (I1) Out of business			
If no, check one of the following reasons:			
<input type="checkbox"/> (I2) Does not sell tobacco products		<input type="checkbox"/> (I7) Wholesale only/carton sale only	
<input type="checkbox"/> (I3) Inaccessible by youth		<input type="checkbox"/> (I8) Vending machine broken	
<input type="checkbox"/> (I4) Private club or private residence		<input type="checkbox"/> (I9) Duplicate	
<input type="checkbox"/> (I5) Temporary closure		<input type="checkbox"/> (I10) Other ineligibility (specify):	
<input type="checkbox"/> (I6) Un-locatable			
If license premise is eligible, was the survey completed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, check one of the following reasons:			
<input type="checkbox"/> (N1) In operation, but closed at time of visit		<input type="checkbox"/> (N6) Drive thru only, but youth inspector has no driver license	
<input type="checkbox"/> (N2) Unsafe to access		<input type="checkbox"/> (N7) Tobacco out of stock	
<input type="checkbox"/> (N3) Presence of police		<input type="checkbox"/> (N8) Run out of time	
<input type="checkbox"/> (N4) Youth inspector knows salesperson		<input type="checkbox"/> (N9) Other non-completion (specify):	
<input type="checkbox"/> (N5) Moved to new location but not inspected			
If survey was completed, was buy attempt successful? <input type="checkbox"/> Yes (POS) <input type="checkbox"/> No (NEG)			
Notes:			
Investigative Aide Initial: _____ Agent Signature: _____			

Federally Mandated Form