## **SAMPLE F**

Youth Tobacco Act Compliance Check Spreadsheet														ance Ch	eck Sp	rea													
CA: MACOMB COUNTY OFFICE OF SUBSTANCE ABUSE																													
Vendor Information										ion D	ate	Youth Inspector Info						Survey Questions											
TOBA CCO OUTL ET CODE (MRL)	COUNTY NAME	RETAILER	STREET		ST	ZIP	PHONE	Month			Time of Visit (AM or PM)	Yth Inspecto r ID	Yth	Yth Inspector Gender (M of	Adult Chapero ne (ID#)	Type of Retaile r(01- 06)	Outlet	Eligiibl	n #3, enter l1-		If no to questi on #4b enter N1-N9	If inspe ction compl ete, was	Clerk asked inspect or age /	Gender of Clerk	Race / Ethnicit y of		YTA sign posted( 1 or 0)	Outlet selling "loosie s"(1 or 0)	Corrections
F-0	MACOMB	JOHN DOE PHARMACY	123 MAIN STREET	ANYTOWN	MI	48015	586-555-555	07	23	11	PM	MAC09	15	М	MAC99	06	отс	1		EC		0	02	F	2	1	0	0	PHARMACY
		AREAS THAT THE DYTUR MUST FILL IN COMPLETELY BEFORE SENDING IT TO THE C														CA													
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