**NEW MEXICO HUMAN SERVICES DEPARTMENT Synar EDUCATION**

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| Outlet ID: |  | 1. **Changes to merchant information? (If no, leave blank)** |
| Merchant Name: |  |  |
| Owner: |  |
| Phone: |  |
| Address: |  |
| City: |  |
| Zip: |  |
| County: |  |
| Stratum: |  |
| Contractor: |  |
| **Store Type(s): Outlet Type:** |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. **Type of Visit:** | **Merchant Education** | First-time visit | Annual Visit |
| 3. **Date of Visit:** |  | **Time of Visit:** |  |

# **Were you able to conduct merchant education visit?** No (Answer 4a.) Yes (Answer 4b.)

**4a. If No, why? Select one option only.**

Out of business On Tribal land Youth educator knows sales person Does not sell tobacco products Out of contract service area Staff too busy for education visit Could not locate merchant Visit was outside of business hours Duplicate Outlet (Specify Id): Inaccessible to youth Tobacco out of stock Other (Specify):

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Temporary closure Police Presence

# **4b. If Yes, what type of Merchant Education was completed during this visit? Select all that apply.**

State law explained Merchant education provided to store manager

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ID check explained Merchant education provided to store clerk Tobacco Products Act sign posted

# **Were youth or community members involved in visit?** No Yes **5a. If yes, how many? 5b. If yes, specify initials of youth/community participants:**

**Adult Educator**

**Name Signature**

**Return hard copy forms to:**

**Synar Coordinator**

HSD/BHSD/OSAP 37 Plaza La Prensa

For payment, all forms must be submitted electronically through

SANTA FE, NM 87507 BHSDSTAR.org