



On-Going Monitoring Tools

Compliance Check For Tobacco Retailer With Test Shopper Report

Date: _____

Time: _____

Store & Address: _____

Employee (If no name tag is visible, provide a description): _____

Did the clerk ask for age? Yes No

Did the clerk ask for valid photo ID? Yes No

Was the ID examined properly? Yes No

Did the clerk sell a tobacco product to the shopper? Yes No

Were the Federal and/or Provincial sign(s) posted and not hidden? Yes No

Other Comments or Observations: _____

Test Shopper Name: _____

Age: _____

Signature: _____

Owner/Manager Signature: _____

Note: Please keep a copy of this form for your employee personnel files.