

**Michigan Department of Health and Human Services**

**INSTRUCTIONS FOR COMPLETING  
YTA PROTOCOL COMPLIANCE CHECK REPORTING FORM**

**Prepaid Inpatient Health Plan (PIHP):** Insert the name of the **PIHP** overseeing the compliance checks being conducted in this region. This information will be pre-populated.

**MRL #:** Use the establishment's assigned Master Retailer List (MRL) number. This information will be pre-populated.

**Inspection Date:** Write the month, day and year on which the compliance check is being conducted.

**Time of Visit:** Write the time that the check was conducted, such as 3:41 – then indicate by marking the appropriate box whether it was a.m. or p.m.

**Underage Inspector:**

**Name/ID #:** Enter the name of the underage inspector conducting the compliance check. After the slash mark write in the five-character underage inspector ID number. Each underage inspector will be given an individual ID number designed from a preordained pattern and assigned by the PIHP. The **first three characters are alpha indicators of the PIHP** region in which the underage inspector will be conducting the compliance checks (e.g., MCC for Macomb Co CMH Services). Refer to the end of this document for PIHP alpha indicators. The remaining two characters are numbers assigned by the PIHP to each underage inspector. Each underage inspector must have a five-character ID. Therefore, after the PIHP alpha indicator, the number characters will begin with 01, 02, 03, etc. continuing until all underage inspectors being utilized in the PIHP region have a unique ID number. Technically, it could go up to, but not exceed 99. **NOTE: If an underage inspector changes ages during the course of the inspection period, then he or she must be assigned a unique Underage Inspector ID for each age.**

**Age/Date of Birth:** Write in the age of the underage inspector and date of birth.

**Gender:** Indicate the gender of the underage inspector by marking the corresponding box for male or female. **NOTE: Data collected is how it must be reported to the federal government. This list may not be all inclusive, please choose one that fits you best.**

**Adult Chaperone:**

**Name/ID #:** Enter the name of the adult chaperone supervising/witnessing the compliance check. After the slash mark write in the five-character adult chaperone ID number. Each adult chaperone will be given their own individual ID number designed from a preordained pattern and assigned by the PIHP. The **first three characters are alpha indicators of the PIHP** region in which the adult chaperone will be supervising the compliance checks. Refer to the end of this document for PIHP alpha indicators. The remaining two characters are numbers assigned by the PIHP to each adult chaperone. Each adult chaperone must have a five-character ID. Therefore, after the PIHP alpha indicator, the number characters will begin with 01, 02, 03, etc. continuing until all adult chaperones being utilized in the PIHP region have a unique ID number. Technically, it could go up to, but not exceed 99.

**Outlet Information: A label or label template will be provided with the following details:**

**ID:** This is the same MRL ID number shown as a combination alpha-numeric code listed in the section titled “MRL Number” on your regional sample draw list. The Synar sample list is a formulated random sample taken from the Synar tobacco Master Retailer List.

**Name:** Name of the tobacco outlet.

**Address:** Street address of the tobacco outlet.

**City:** City in which the tobacco outlet is located.

**State:** State in which that City is located.

**Zip:** Zip code for the address of the tobacco outlet.

**Name or Address “Correction”:** Following the direction for each address element outlined above, provide any and all corrected information in this space. Please do not cross out old information and write over it. Print legibly or type the correct information in the correction space provided.

1. **Type of Retailer:** Indicate the type of retailer by marking the corresponding box next to the identified type. The options are (01) Gas Station, (02) Tobacco Store, (03) Restaurant, (04) Hotel, (05) Grocery Store, (06) Drug Store, and (07) Other. If a type of retailer other than those listed is visited please mark “Other” and specify what type of retailer it was, in writing in the space provided. There is a glossary of codes attached to the protocol form.
2. **Type of Outlet:** Indicate what type of compliance check/inspection was conducted at the retailer by marking the box corresponding with either “over the counter” (OTC) or “vending machine” (VM).
3. **Is Outlet Eligible:** If the outlet is eligible for the Synar Survey process, indicate by marking the box next to “Yes” then go to #4b. If the outlet was not eligible for the Synar Survey process mark the box next to “No” then complete #4a then skip to signatures.
  - 4a. **If no, check one of the following reasons:** If the outlet was not eligible after marking the box next to “No”, **follow up by** indicating why the outlet was not eligible by marking the box corresponding with the reason. If identifying a reason other than those listed mark the box next to “Other”, and please specify the reason in writing in the space provided. Stop here and skip to signatures.
  - 4b. **If Outlet was Eligible, was inspection completed:** If the compliance check/inspection was completed, indicate by marking the corresponding box next to “Yes” then go to #5. If the compliance check/inspection was not completed, indicate by marking the corresponding box next to “No” then complete #4c then skip to signatures.
  - 4c. **If no, check one of the following reasons:** If the outlet is eligible for the Synar Survey process, but the compliance check/inspection was not completed indicate why by marking the box corresponding with the reason that it could not be completed. If identifying a reason other than those listed mark the box next to “Other”, and please specify the reason in writing in the space provided. Note that the **following reasons are excluded from use for the Michigan Synar Survey process: (N1) In operation but closed at the time of visit, and (N8) Ran out of time.** Stop here and skip to signatures.

Please use alternative strategies for the following reasons:

- (N4) Underage inspector knows salesperson (e.g. utilize a different underage inspector)
- (N5) Moved to new location but not inspected (e.g. complete inspection at new location and make correction to outlet information)
- (N7) Tobacco is out of stock (e.g. revisit the retail location prior to end of Synar period)

- 5. If inspection was completed, was buy attempt successful?:** Indicate whether or not the buy attempt was successful by marking the appropriate box, Yes or No.
- 6. Clerk asked for ID:** Indicate whether or not the Clerk asked to see underage inspector's identification by marking the appropriate box, Yes or No.
- 7. What was clerk's gender:** Indicate whether the clerk who assisted the underage inspector was male or female by marking the appropriate box.
- 8. What is the race/ethnicity of the clerk:** Please indicate, to the best of your ability, the race/ethnicity of the clerk. Indicate by marking one of the boxes from the selection provided.
- 9. Tobacco was accessible for self-service:** If the underage inspector was able to reach the tobacco from an open shelf or on top of the counter, check the box next to "Yes". If the product was out of reach or behind the counter and the underage inspector had to ask the clerk to get the tobacco product, respond by marking the "No" box.
- 10. Vapor products/ Electronic Cigarettes/Electronic Nicotine Delivery Systems (e.g., JUUL, blu, BREEZE, refill cartridges) accessible for self-service:** If the underage inspector was able to reach the vapor product from an open shelf or on top of the counter, check the box next to "Yes". If the product was out of reach or behind the counter and the underage inspector had to ask the clerk to get the tobacco product, respond by marking the "No" box.
- 11. What kind of tobacco did you attempt to purchase:** Indicate the kind of tobacco that the underage inspector asked for by checking one of the listed choices. Do not deviate from the varieties listed in the protocol (e.g., do not attempt to purchase bidis or pipe tobacco, etc.). Underage inspectors can only act under the direct supervision of an adult chaperone. The underage inspector and adult chaperone must arrive at a mutual decision on what product to attempt to purchase **prior to going out** on the compliance check trip. Final decisions may be at the discretion of the adult chaperone or the PIHP Prevention Coordinator.
- 12. "Loosie" questions:**
  - a.** If the underage inspector attempted a "buy" and used an excuse such as, "I don't have enough money . . .", did the clerk offer to sell a single cigarette (loosies) or a partial pack at a reduced price? If so, mark the "a." portion of the question as a "**Yes**". If not mark "**No**".
  - b.** Whether the underage inspector was overtly offered a single cigarette or not, was it noticed if there was an open container (e.g., a cup, box, other open display) of loosies (single cigarettes) available for sale? If so, mark the "b." portion of the question as a "**Yes**". If not mark "**No**".

**13. Was a Youth Tobacco Act Sign posted: The Michigan Youth Tobacco Act (YTA) sign** is a direct quote from Michigan law. Indicate whether the YTA sign was posted either in the store (i.e., on a wall or cash register) or on a vending machine by marking the appropriate box, “Yes” or “No”. (**Important Note:** The “We Card” and “This is Our Watch” sign do not count as a substitute for state YTA signage.)

**Comments:** Write any significant circumstances that impacted Synar inspection activity or pertinent comments that were made to the underage inspector while the compliance check/inspection was being conducted. Include this information in the “Other Info” column of the Compliance Check Reporting (CCR) spreadsheet.

**Underage Inspector Signature:** The underage inspector will need to sign each form in this designated space.

**Adult Chaperone Signature:** The adult chaperone will need to sign each form in this designated space.

### **Underage Inspector and Adult Chaperone – ID Number PIHP Alpha Indicators**

As explained under “**Underage Inspector**” and “**Adult Chaperone**”, the first three placements of the five-placement underage inspector or adult chaperone ID number are alpha indicators of the PIHP region in which the underage inspector or adult chaperone will be conducting Synar Survey compliance checks/inspections. Listed below are the three placement alpha indicators for each PIHP.

<b>Region 1</b>	<b>NCN</b> – NorthCare Network
<b>Region 2</b>	<b>NMR</b> – Northern MI Regional Entity
<b>Region 3</b>	<b>LRE</b> – Lakeshore Regional Entity
<b>Region 4</b>	<b>SWM</b> – Southwest MI Behavioral Health
<b>Region 5</b>	<b>MHN</b> – Mid-State Health Network
<b>Region 6</b>	<b>PSE</b> – CMH Partnership of Southeast Michigan
<b>Region 7</b>	<b>DWH</b> – Detroit-Wayne Integrated Health Network
<b>Region 8</b>	<b>OCC</b> – Oakland Community Health Network
<b>Region 9</b>	<b>MCC</b> – Macomb County CMH Services
<b>Region 10</b>	<b>RHP</b> – Region 10 PIHP