

MERCHANT EDUCATION SITE VISIT

County: _____

Store: _____

Address: _____

Date of Visit: _____

Time Of Day Visited: _____

Length of Visit: _____

Type of Establishment (Choose One):

- Supermarket/Grocery
- Convenience Store
- Gas Station
- Drug Store
- Restaurant
- Department Store
- Gas Station/Convenient Store
- Liquor Store
- Tobacco Store
- Organization: Chamber of Commerce, Rotary Club, Optimists Club, etc.

Spoke With: Clerk Store Manager Owner

On a scale of 1 – 10, how interested was the clerk/store manager/store owner?

Not Interested

Very Interested

1 2 3 4 5 6 7 8 9 10

Did the clerk/store owner/manager have any questions or comments? If so, what were they?

Your Comments (Continue on Back of Sheet if You Need to):

Did You Notice Signage? (We Card, ABCA, **See Red?**, Other) Yes ___ No ___

Did You Leave Signage With Clerk/Manager/Owner? Yes ___ No ___

Students/Educators: _____ Sponsor: _____
