

Compliance Check Data Summary Form

This form summarizes information about a completed alcohol compliance check. This form should be completed by the coordinator of the compliance check, i.e., the person who organized the compliance check.

Name of coalition: _____

Start date of compliance check: _____ End date of compliance check: _____

1. Was this a county-wide compliance check?
¹ Yes (Please specify: _____)
² No
⁸ Don't know

2. What geographical areas were included in this compliance check? **(CHECK ALL THAT APPLY)**
¹ Cities (Please specify: _____)
² School districts (Please specify: _____)
³ Other (Please specify: _____)
⁹ Not applicable, the compliance check was only conducted county-wide.

3. Total number of alcohol licenses in the geographical area/s: _____

4. Total number of establishments involved in the compliance check: _____

5. Total number of establishments that **passed** the compliance check: _____

6. Total number of establishments rechecked **after failing a previous** compliance check: _____

7. Total number of establishments that **passed after failing a previous** compliance check: _____

8. Types of establishments involved in this compliance check: **(CHECK ALL THAT APPLY)**
¹ Liquor store
² Gas station
³ Grocery store
⁴ Convenience store
⁵ Drugstore/Pharmacy
⁶ Bar
⁷ Restaurant
⁸ Other (Please specify: _____)

9. Were all establishments with an alcohol license included in this compliance check?

¹ Yes **[GO TO Q.10]**

² No

9a. Why not?

10. Please provide a brief summary of what the consequences were for establishments that **failed** the compliance check, if any.
