STORE MONITORING FORM – FLAVORED PRODUCTS

DESCRIPTION OF PRODUCT

Type of Product:

☐ Cigarette ☐ Smokeless ☐ Cigar

☐ Rolling papers ☐ Loose cigarette tobacco (RYO)

Brand:

_____

Characterizing Flavor:

☐ Cherry ☐ Cocoa ☐ Strawberry ☐ Chocolate

☐ Clove ☐ Grape ☐ Vanilla ☐ Cinnamon

☐ Orange ☐ Licorice ☐ Coconut ☐ Pineapple

☐ Other _____

Package Description:

☐ Pack ☐ Carton ☐ Single Stick

☐ Box ☐ Package ☐ Other _____

STORE INFORMATION

Name of the store:

_____

Address of the store:

_____

_____

City ***State*** ***Zip***

Location of product in store:

☐ In front of counter ☐ Behind the counter

☐ Display case ☐ Vending machine

On what date did you see or buy the product?

____ / ____ / _____

DESCRIPTION OF PURCHASE

Did you purchase the product?

☐ Yes ☐ No

If YES, how much did it cost?

_____

ADDITIONAL INFORMATION

Was the product at a child's eye level?

☐ Yes ☐ No

Are there any schools visible from this store?

☐ Yes ☐ No

Were there any ads for the flavored products inside the store?

☐ Yes ☐ No

Were there any special price promotions?

☐ Yes ☐ No

If YES please describe:

_____

_____

To report sales of **flavored cigarettes/loose cigarette tobacco only**, submit your info using the online form at: www.accessdata.fda.gov/scripts/email/TobaccoProducts/flavoredCigarettes.cfm

To document marketing of flavored cigars and smokeless tobacco, email this form and any digital photographs to: Tobacco2@fda.hhs.gov

Or you can mail this form and your photos and other documentation or products to:

FDA Center for Tobacco Products
9200 Corporate Blvd
Rockville, MD 20850-3229

If you take any photographs, you must include the location the photograph was taken, the date it was taken and all of your contact information in your transmittal of the photograph.