



Staff Name: \_\_\_\_\_  
 Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_  
 Account: \_\_\_\_\_  
 Brand: \_\_\_\_\_

**\*\*YOU MUST ID ALL WHO APPEAR UNDER 40\*\***

The identification MUST be current and valid. Identification cannot be expired or altered in any way.  
 PRINT Participants First Name; Date of Birth; Gender; Check a box for every provided sample; Check a box whether purchased or not; Check a box for every consumer that refused to sample.

**\*\*ONE SAMPLE PER VARIETY / PER PARTICIPANT\*\***

	First Name	Year	Gender		Samples Provided					Purchased		Refused Sample		
	Pat	1976	M	F	X	X	X	X	X	X	Y	N		X
1													1	
2													2	
3													3	
4													4	
5													5	
6													6	
7													7	
8													8	
9													9	
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19													19	
20													20	
21													21	
22													22	
23													23	
24													24	
25													25	

By providing an alcoholic sample, staff validates they have checked identification verifying participant is of legal drinking age.