

Challenge 25 – Record of refusals



Date and time	Product	Person refused	Asked for ID	Comments	Refused by
__/__/____ @ ____:____ am/pm	Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Lottery <input type="checkbox"/> Other _____ _____ _____	Male/Female Description _____ _____ _____ Approx age _____ Height _____ Build _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ _____ _____ _____ _____	Name: _____ Sign: _____ _____
__/__/____ @ ____:____ am/pm	Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Lottery <input type="checkbox"/> Other _____ _____ _____	Male/Female Description _____ _____ _____ Approx age _____ Height _____ Build _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ _____ _____ _____ _____	Name: _____ Sign: _____ _____
__/__/____ @ ____:____ am/pm	Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Lottery <input type="checkbox"/> Other _____ _____ _____	Male/Female Description _____ _____ _____ Approx age _____ Height _____ Build _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ _____ _____ _____ _____	Name: _____ Sign: _____ _____
__/__/____ @ ____:____ am/pm	Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Lottery <input type="checkbox"/> Other _____ _____ _____	Male/Female Description _____ _____ _____ Approx age _____ Height _____ Build _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ _____ _____ _____ _____	Name: _____ Sign: _____ _____