SMOKE SHOP EMPLOYEE WAIVER

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
INDOOR AIR QUALITY PROGRAM
301 CENTENNIAL MALL SOUTH
PO BOX 95026
LINCOLN, NE 68509-5026
PHONE: (402) 471-8320
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Website: www.dhhs.ne.gov/

Statute 71-5735 “Beginning November 1, 2015, the owner shall provide to the Division of Public Health a copy of a waiver signed prior to employment by each employee on a form prescribed by the division. The waiver shall expressly notify the employee that he or she will be exposed to second-hand smoke, and the employee shall acknowledge that he or she understands the risks of exposure to second-hand smoke.”

BUSINESS NAME_______________________________ ADDRESS___________________________ CITY________
CONTACT PERSON_____________________________________ PHONE NUMBER________________________
EMAIL ADDRESS OF CONTACT PERSON _____________________________________________________

Notice to Employee:

By accepting employment with the above identified business, you WILL BE exposed to SECOND-HAND SMOKE.


I, ________________________________, ACKNOWLEDGE THAT I UNDERSTAND THE RISKS OF EXPOSURE TO SECOND-HAND SMOKE.

_________________________________________  _______________________________________
Signature                               Date