

SMOKE SHOP EMPLOYEE WAIVER

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
INDOOR AIR QUALITY PROGRAM
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OFFICE USE ONLY

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.**

(INFORMATION ON THE EFFECTS OF EXPOSURE TO SECOND HAND SMOKE
CAN BE FOUND ON THE WEBSITES OF THE AMERICAN CANCER SOCIETY,
THE U.S. SURGEON GENERAL, THE AMERICAN LUNG SOCIETY & OTHERS.)

I, _____, **ACKNOWLEDGE THAT I**
PRINT NAME
UNDERSTAND THE RISKS OF EXPOSURE TO SECOND-HAND SMOKE.

SIGNATURE

DATE