SMOKE SHOP EMPLOYEE WAIVER

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
INDOOR AIR QUALITY PROGRAM
301 CENTENNIAL MALL SOUTH
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LINCOLN, NE 68509-5026
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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 <u>WILL BE</u> 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 understand the risks of exposure to second-hand smoke.

Print name

_____ _____

Signature Date