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 FAX: (402) 471-8833 Website: www.dhhs.ne.gov/

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,					Α	CKNOWLEDGE	THAT	I
PRINT NAME								
UNDERSTAND	THE	RISKS	OF	EXPOSURE	TO	SECOND-HAND	SMOK	E.
	SIGNA	TURE				DATE		