

Idaho Tobacco Project

EMPLOYEE TRAINING FORM

The following may be used for training of employees to assure that they are aware of the current law regarding youth access to tobacco products in the State of Idaho. This would constitute "minimum" training required by the employer as indicated in Section 39-5701 et seq., Idaho Code.

Have the employee initial each section and sign at the bottom.

_____ I understand the State law prohibits the sale of ANY tobacco products to persons under 18 years of age and that verification of age is required for any sale of tobacco products

_____ I understand that I am to ask for photo identification from any persons who I do not personally know to be at least 18 years of age and verify their age before a sale of tobacco products.

_____ I understand that sales to anyone under the age of 18 can result in a personal fine to me of at least \$100 for the first offense.

_____ I understand that "tobacco products" includes any substance that contains tobacco including, but not limited to, cigarettes, cigars, pipes, snuff, smoking tobacco, tobacco papers, or smokeless tobacco. (Section 39-5702 (14), Idaho Code)

_____ I understand that this store may be inspected at any time for compliance with the state law regarding "minors' access to tobacco products".

_____ I understand that all sales must be "vendor assisted" unless the store in which I work has 75% of the total merchandise available for sale as tobacco products. This store **is** _____ (or) **is not** _____ exempted from the vendor assisted requirement. (check one)

_____ I understand that cigarettes must be sold only in their original sealed package from the manufacturer. (Section 39-5707, Idaho Code)

_____ I have been given a copy of Section 39-5701 et seq., Idaho Code, and IDAPA 16.07.25, "Rules Governing the Prevention of Minors' Access to Tobacco Products".

I have read and agree to these statements and have had all my questions answered regarding my responsibilities as a seller of tobacco products in the State of Idaho.

By signing this agreement, I consent to having a current or potential employer contact the Department of Health and Welfare to determine if I have received citations for violation Title 39, Chapter 57, Idaho Code.

Printed Name of Employee

Employee's Signature

Witnessed

Date