



DOCUMENTATION REQUIREMENTS

ACT 112- Section 1(g) Compliance Checks

(2) A minor participating in a compliance check:

- must be at least 14 years of age
- complete a course of training approved by the Department of Health
- furnish the Department of Health with a signed, written parental consent agreement allowing the minor to participate in the compliance check

DEPARTMENT OF HEALTH FAX 717-214-6690

TO: Division of Tobacco Prevention and Control

FROM: _____
Enforcement Agency

ATTACHED DOCUMENTATION:

- Underage Buyer Form
- Parent/Guardian Permission Form
- Designated Adult Supervisor Form
- Youth Training Form

**STATEWIDE TOBACCO OUTLET ENFORCEMENT INITIATIVE
UNDERAGE BUYER FORM**

Carefully read each item below. Your signature at the end of this Form signifies your understanding of this information and your willingness to abide by all terms herein. The signature of your parent or legal guardian signifies that they have read this Form. A separate permission form for you to be trained and to participate in the Enforcement Initiative (Initiative) is to be signed by your parent or legal guardian and submitted with this Form.

1. I understand that the purpose of this Initiative is to monitor vendors to prohibit the sale or distribution of tobacco products to persons under the age of 18 and will include the issuance of citations to offenders by a law enforcement official.
2. I understand that I will receive Department of Health approved training to participate in the Initiative.
3. I agree to meet with the designated adults at specified locations and times for this Initiative.
4. I understand and agree that I am not to pursue or participate in any activity relating to tobacco age of sale law violations, unless I am under the direct supervision of an adult designated with supervisory responsibilities for this Initiative.
5. I recognize that the laws of the Commonwealth of Pennsylvania make the sale of tobacco products to persons under the age of 18 a crime and that I will not be committing an illegal act by purchasing or attempting to purchase tobacco products while participating in this Initiative.
6. I agree not to violate any laws or commit any crimes while participating in this Initiative.
7. I agree to give my age truthfully.
8. I will relinquish all tobacco products and money from completed purchases - or purchase money from incomplete purchases - to the designated adult supervising this Initiative.
9. I understand that I may be asked to testify, if necessary, in any hearings related to the purchase of tobacco products.
10. I understand that willful misconduct or violations in the above conditions will result in my removal from this Initiative
11. I understand that my participation in this Initiative begins with my signature on this Form and is terminated at the time this Initiative is completed.

We, the undersigned, have reviewed the above Underage Buyer Form and agree to abide by all terms. We further state that the information regarding name and date of birth, given below, is correct.

Printed Name of Youth Participant

Date of Birth

Signature of Youth Participant

Date Signed

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date Signed

**STATEWIDE TOBACCO OUTLET ENFORCEMENT INITIATIVE
PARENT/GUARDIAN PERMISSION FORM**

Please read this Form. Your signature at the end of this Form signifies your understanding and your permission to allow your youth to be trained and to participate in the Enforcement Initiative (Initiative). This Form accompanies a separate Underage Buyer Understanding to be signed by the youth participant and the parent/guardian.

BACKGROUND

The Pennsylvania Department of Health and local law enforcement agencies are conducting an enforcement initiative to monitor sales of tobacco products to persons under the age of 18. The method used to monitor such sales is to have underage trained youths, supervised by adults, attempt to purchase tobacco products. Your youth has expressed an interest in participating in this Initiative. Your youth will be joining other young people under age 18 in visiting local tobacco vendors and attempting to purchase tobacco products. Trained adults will accompany youth participants to the locations. Money to purchase the tobacco products will be provided. Your youth may be asked to testify, if necessary, in any hearings related to the purchase of tobacco products. If a sale is made to your youth, a citation will be issued to the sales clerk or store and the tobacco product will be handed over to a law enforcement official.

INFORMED CONSENT

I understand that the nature of this Initiative is to monitor vendors to prohibit the sale or distribution of tobacco products to persons under the age of 18. I give my permission for my youth to be trained and to participate in this Initiative.

Printed Name of Youth Participant

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date Signed

**STATEWIDE TOBACCO OUTLET ENFORCEMENT INITIATIVE
DESIGNATED ADULT SUPERVISOR FORM**

Carefully read each item below. Your signature at the end of this Form signifies your understanding of this information and your willingness to abide by all terms herein.

1. I understand that the purpose of the Enforcement Initiative (Initiative) is to monitor vendors to prohibit the sale or distribution of tobacco products to persons under the age of 18.
2. I agree to meet with the trained youth participants at specified locations and times for this Initiative and provide supervision for those youths as part of this Initiative.
3. I understand and agree that I am not to pursue or participate in any activity relating to tobacco age of sale law violations other than as part of this Initiative.
4. I agree not to violate any laws or commit any crimes while participating in this Initiative.
5. I confirm that I have a valid Pennsylvania driver's license and current automotive insurance policy.
6. I understand that I may be asked to testify, if necessary, in any hearings related to the purchase of tobacco products.
7. I understand that my participation in this Initiative begins with my signature on this Form and is terminated at the time this Initiative is completed.

I have reviewed the above Designated Adult Supervisor Form and agree to abide by all terms. I further state that I am over the age of 21.

Printed Name of Designated Adult Supervisor

Signature of Designated Adult Supervisor

Date Signed

Pennsylvania Department of Health or Local Government Agency

Youth Enforcement Compliance Check
Training Documentation Form

The following youth were trained using the “Pennsylvania Department of Health Enforcement Compliance Check Annual Youth Training” program:

List Youth Trained: _____

Trainer/Date of Training: _____

FAX packet of four completed forms to:

Division of Tobacco Prevention and Control
717-214-6690