Staff, Management, and SMDHU Inspector Sign-off Sheet – Smoke-Free Ontario Act, 2017

Store Name:		
Address:		

Please ensure that you and everyone who works in your store have reviewed this education binder and understands the requirements of the *Smoke-Free Ontario Act, 2017* (SFOA, 2017). Have them sign below to acknowledge their training on a monthly basis including completion of the retailer quiz. Every person who sells tobacco and/or vapour products should have their training renewed monthly. Please keep this form with the education binder at your store and be prepared to present it when inspected. Please retain all completed quizzes.



The owner(s) of a business may be deemed liable for sales offences in contravention of the SFOA, 2017 that occur at the place of business unless the owner(s) exercises due diligence to prevent any contraventions. If your business is not requiring regular review and sign-off of this education binder and not requiring regular completion of the retailer quiz, then your business may be found guilty if your staff sell tobacco or vapour products to a minor or a person under the age of 19.

TO BE COMPLETED BY STORE					TO BE COMPLETED BY HEALTH UNIT	
Date	Name	Position	Quiz Yes / No	Signature	TEO Name	Inspection Date
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			

TO BE COMPLETED BY TO BE COMPLETED BY STORE **HEALTH UNIT** Quiz Inspection **Position Signature** Date Name **TEO Name** Yes / No Date □No ☐Yes ☐Yes □No ☐Yes □No ☐Yes ∏No ☐Yes ∏No ☐Yes ∏No ∏No ☐Yes ☐Yes ∏No □No ☐Yes ∏No ☐Yes ☐Yes ∏No ☐Yes ∏No ☐Yes ∏No ☐Yes ☐ No ☐Yes ∏No □Yes □No ☐Yes ☐ No ☐Yes ☐ No ☐Yes ∏No ☐Yes □No