**Training checklist for age-restricted goods**

Business name and address: ……………………………………………………………………...………..

…………………………………………………………………………………………………………….……

Employee’s name: ……………………………………………………………………………..……………

* I understand that I have a legal responsibility to sell age-restricted goods only to those

customers who are over the minimum age allowed.

* I understand that I may be prosecuted and fined, or even imprisoned, if I do sell to underage

customers.

* I understand that if I am convicted, it may affect my future employment or ability to travel.

The age-restricted goods sold by this business are: …………………………………..………..…..

…………………………………………………………………………………………………….………..

I have received and understood training on the following: (*Please tick)*

* What goods sold by the business are age-restricted by law

* The minimum age of the customer to whom these goods can be sold
* The best way to **ASSESS** age**.** I know that I should look closely at the customer’s face

and I understand that my guess will often not be accurate.

* When and how I should **CHALLENGE** customers buying age-restricted goods

for proof of age, if I believe them to be less than **25-years-old**

* How to **CHECK** any ID offered by the customer to ensure is valid
* How to refuse to sell to young customers who are unable to provide valid ID
* How and when to contact the Police if I have any concerns about customers attempting

to buy age-restricted goods

Declaration

**I have read and understood this sheet and feel confident that I know how to sell age-restricted goods legally. I understand that I must refuse to sell to any customers if I am in any doubt.**

Employee’s signature: …………………………………………………… Date: …………….

Employer’s signature: …………………………………………………… Date: …………….