

County:

Name:

DOB:

Age:

FDA Youth Inspector Document Checklist

- Parent Consent Form (signed by parent/guardian)
- Emergency Medical Consent (signed by parent/guardian)
- Confidentiality & Participation Agreement
(signed by youth and parent/guardian)
- Commitment to Protect Non-Public Information (*NPI Form)
(*signed by youth)
- Volunteer Registration Form (signed by youth and parent/guardian)

***(Please provide copies of item listed below)**

- Birth Certificate/Passport
- Government Issued Photo ID (that can easily be used during inspections)

***We will email you an ID & password to complete this online training after we receive the completed paperwork and before we schedule your first day of inspections.**

- *FDA Training



Division of Public Health Services
Office of the Assistant Director

150 N. 18th Avenue, Suite 310
Phoenix, Arizona 85007
(602) 364-3133
(602) 364-0844 FAX
www.azdhs.gov

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

Dear Parent or Guardian:

Your son or daughter has been invited to assist the State of Arizona with FDA tobacco retailer compliance inspections. The 2009 revision of the Tobacco Control Act gives the Food and Drug Administration the right to conduct annual, random, unannounced inspections of retailers throughout the state to assess merchant compliance with federal and state laws prohibiting sales of tobacco to minors.

Your son or daughter will be trained to conduct the inspections under the supervision of an FDA Commissioned Officer/Inspector. As a Youth Inspector, your son or daughter will attempt to purchase tobacco products from vendors. Their success or failure to purchase tobacco will be recorded by the FDA officer who will be present in the store with your child or just in view of the store observing your child. If your son or daughter is successful in purchasing tobacco, they will give the tobacco product(s) to the FDA inspector to be properly retained as evidence after relocating to a secure location.

Youth inspectors must be between 16 and 17 years of age at the time of inspections, have parental consent, and participate in training conducted by the FDA Inspectors employed by the Arizona Department of Health Services. Copies of the signed parental consent form, the child's birth certificate, and photo identification for youth participating must be provided prior to your son or daughter commencing work on this project.

In order to maintain the highest level of minor confidentiality, all youth inspectors are assigned a unique numeric identifier by the FDA Inspectors. These identifiers are used in the reports submitted to the FDA in order to protect the identity of the minor. However, in the event that judicial action is required against a retailer, the minor MAY be called to testify. The time from a retailer's first violation to a possible judicial action can be well over a year. Please know that, to date, no minor has ever been asked to testify in a hearing.

It is our goal to ensure that your child will engage in a meaningful experience that fosters professional and social development, critical thinking, and solid work ethics and experience. We commend your son or daughter for taking an interest in this statewide effort to keep tobacco out of the hands of minors. If you have any questions, Diane Burkett, FDA State Program Coordinator (PC) for the Arizona Department of Health Services' is the primary contact person and may be reached at the numbers below or via e-mail at Diane.Burkett@azdhs.gov. Tom Binger, FDA Commissioned Inspector, is the back-up PC and may be reached at (602) 364-0891 or via e-mail at Thomas.Binger@azdhs.gov.

Sincerely,

Diane Burkett
(O) (602)364-3133 (C) (480)341-9654
FDA Tobacco Compliance Program Manager
Bureau of Tobacco and Chronic Disease

Arizona Department of Health Services

Parent Consent for FDA Tobacco Compliance Inspections

Please Note: In the event of a possible enforcement or judicial action, the Youth Inspector's identity may be revealed and the Youth Inspector may need to provide a narrative report, declaration, and/or give oral testimony in a hearing.

I have read the program description provided and have had the opportunity to ask questions. I give permission for my son or daughter to participate in the Arizona FDA Tobacco Compliance Inspections and make attempted purchases of tobacco. I understand that the purpose of this activity is to test the compliance of local merchants to the federal laws regarding tobacco sales to minors. I understand that my son or daughter will be traveling with an FDA inspector and will be attempting to purchase tobacco products under their supervision. I understand that in order to participate in this program, my son or daughter must participate in formal training.

Youth Name: _____ DOB: _____ Gender: M F

Cell Phone: (____) _____ Home Phone: (____) _____

Email: _____

Address: _____ City: _____ State: AZ Zip: _____

Parent/Guardian Name: _____ Phone :(____) _____

Alternate Phone: (____) _____ Cell Work Other: _____

If alternate phone number is a spouse or partner please give the name: _____

SIGNATURE: _____ **DATE:** _____

Parent/Guardian Email: _____

The FDA has asked that we keep up-to-date contact information on all of our Youth Inspectors for 5 years after they have left the program in the event that a hearing with the minor's testimony is necessary. Please give the contact information for another close relative/family friend who will know the whereabouts of the minor over the next several years.

Name: _____ Relation to the Youth Inspector: _____

Phone number: _____ Email: _____

Please provide the following documentation:

- Birth Certificate/Passport
- Government Issued Photo ID (color copy if possible)



Division of Public Health Services
Office of the Assistant Director

150 N. 18th Avenue, Suite 310
Phoenix, Arizona 85007
(602) 364-3133
(602) 364-0844 FAX
www.azdhs.gov

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

Dear Youth Inspector:

Congratulations on being selected to be a part of Arizona's FDA Tobacco Compliance Check Inspection Program!

You probably know people who use tobacco products – and you may be familiar with the dangers of tobacco. In the United States, tobacco use kills about 443,000 people per year – more than AIDS, alcohol, car accidents, illegal drugs, murders, suicides and fires combined. What's most upsetting is that most adults who use tobacco started their tobacco use as teenagers.

Stores that sell tobacco products to teenagers illegally are actually encouraging teens to use tobacco. In your new role as a Youth Inspector, you have the opportunity to help decrease the number of Arizona stores that are selling tobacco products to teens illegally. With support from the FDA Commissioned Officers/Inspectors, you will conduct inspections of retail stores by attempting to purchase cigarettes and other tobacco products. This project's goal is to determine whether store owners are following federal laws, which clearly state that minors should never be sold cigarettes, roll-your-own tobacco or smokeless tobacco.

You are an important part of the Arizona anti-tobacco team! We look forward to working with you to protect the public from the health risks associated with long-term tobacco use.

Sincerely,

Diane Burkett
State Program Coordinator
FDA Tobacco Compliance Program
Bureau of Tobacco and Chronic Disease
Arizona Department of Health Services
(O) (602)364-3133
(C) (480)341-9654

FDA Retail Tobacco Compliance Program

Youth Inspector Emergency Medical Consent

In the event of a sudden illness or injury while my son or daughter is participating as a Youth Inspector for the AZ Department of Health Services/FDA Retail Tobacco Compliance Program, I give my consent to allow my child to be treated by an emergency medical provider and/or a healthcare provider pursuant to my insurance plan or at my own expense. I understand that the State of Arizona does not provide health or accident insurance to Program participants.

Name of Youth Inspector

Date of Birth

Signature of Parent/Adult Guardian

Date

In Case of Emergency Please Contact	
Name:	Phone Number:
Relation to Youth Inspector:	
<input type="checkbox"/> Please check this box if you do not have insurance	
Insurance Information	
<input type="checkbox"/> Check here if your child is not covered by insurance	
Name of Carrier:	
Group Number:	Policy Number:
Family Physician Information	
Name:	Phone Number:
Address:	

FDA Retail Tobacco Compliance Program

Youth Confidentiality & Participation Agreement

The job of Youth Inspector for the FDA/Arizona Retail Tobacco Compliance Program involves information that may be used in courts of law by the United States Food & Drug Administration and/or The State of Arizona.

I understand that due to the sensitive and confidential nature of this Program, I must **not** discuss my work or the policies and/or procedures of the Program with friends or on social networking sites such as Facebook or Twitter.

I understand that my ability to keep Program confidentiality is a condition of my employment. However, I further understand that I will not be required to keep any information confidential from my parents/guardians.

By signing this document, I agree to the following:

- I agree to follow all established inspection procedures and all directions given to me by my supervising officer/Inspector.
- I understand that it is illegal for a minor to possess tobacco products. I agree not to possess or attempt to purchase any tobacco product unless I am directed to do so by my supervising Inspector.
- I agree to provide proof of my age, in the form of a government issued identification card, to any retailer that requests it. I understand that I may be asked to provide additional verification of my age, such as my birth certificate, to government agencies such as The Arizona Department of Health Services, The Food and Drug Administration, local police departments and prosecutors' offices.
- I agree that, while attempting to purchase tobacco products as a volunteer in the Program, I will not lie about my age or inform any individual that I am old enough to purchase tobacco.
- I understand that I will be provided with money to purchase tobacco products during undercover inspections. I agree to immediately return all money provided to me for this purpose, with the exception of money I actually spent on tobacco products during the inspection.
- I agree to give any and all tobacco products I purchase during undercover inspections to my supervising officer/inspector immediately following the inspection in which the products were purchased.
- I understand that I may participate in inspection operations where I am paired with another youth volunteer. However, I agree to participate in inspections where I am the sole volunteer. Regardless of whether I am paired or am working as a sole volunteer, I understand that I will be accompanied by commissioned officers/inspectors during all field operations.
- I understand that I may be asked to participate as a witness in a criminal or civil action taken against an individual or business entity charged with a violation of state or federal youth access laws when such charge is a result of an undercover inspection in which I have participated.
- I understand that my participation in the Program is completely voluntary and that I may withdraw from participation at any time and for any reason.
- I understand that I am not required to go into any location, business or situation I do not believe is safe, secure or appropriate.
- I represent that I do not have a criminal record and that I do not currently use any tobacco products. I further agree that I will not use any tobacco products during my participation in the Program.
- I am willing to testify should a case proceed to hearing. I understand that I may be asked to testify for up to five (5) years after I stop participating in the program. Additionally, I agree to inform the FDA Program Coordinator of any change in my contact information for up to 5 years after I stop participating in the program.

Signature of Youth Inspector

Date

Signature of Parent/Guardian

Date

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

**COMMITMENT TO PROTECT NON-PUBLIC INFORMATION
EMPLOYEE AGREEMENT**

Whereas access to non-public information from the files of the Food and Drug Administration (FDA) is required in the performance of my official duties, under Contract Number HHSF223201400168c between FDA and my employer Arizona Department of Health Services

I, on this _____ day of _____, 20____ hereby agree that I shall not further release, publish or disclose such information and that I shall protect such information in accordance with the provisions of 21 U.S.C. 331(j), 21 U.S.C. 360j(c), 18 U.S.C. 1905 and other pertinent laws and regulations governing the confidentiality of non-public information.

I understand the provisions of 21 U.S.C. 331(j), 21 U.S.C. 360j(c), 18 U.S.C. 1905 and that I am subject to criminal penalties prescribed by law for any violation(s) thereof.

Signature: _____

Date: _____

Type or Print Name: _____

Witnessed by: _____

Date: _____

Type or Print Name: _____

DESCRIPTION OF INFORMATION RELEASED:

Data, training materials, and other information including, but not limited to, procedures and processes regarding the FDA State Tobacco Compliance Check Inspection Program.