

REFUSALS REGISTER

This register is to be used as part of your age verification policy

Premises name _____ Address _____

When customers who appear to be below **25** attempt to buy age restricted products always ask them to show suitable proof of age so that you actually verify that they are old enough to be served



Suitable proof of age means a proof of age card (e.g. CitizenCard, Totum card) which bears a PASS approval hologram or a passport or UK driving licence

- Complete an entry every time an age restricted product sale is refused after the customer has left
- Managers must check, date and sign off each completed page
- Keep the register accessible to all sales staff but out of sight of customers
- Registers must be produced to authorised council officers or police on request

To obtain more registers email tradingstandards@southwark.gov.uk or telephone 020 7525 2000

CHALLENGE 25

agecheck
helping you understand age restricted sales

	Date (dd/mm/yy)	Time	Type of goods	Description of customer	Staff comments	Staff name
e.g.	5/8/13	7.15pm	<i>Cigarettes and WKD bottle</i>	<i>Female, blonde hair, 5ft 4' - looked 15 years</i>	<i>Nervous and unable to show ID</i>	<i>John Smith</i>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

	Date (dd/mm/yy)	Time	Type of goods	Description of customer	Staff comments	Staff name
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Checked by

Managers name _____

Managers Signature _____

Date _____

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	Date (dd/mm/yy)	Time	Type of goods	Description of customer	Staff comments	Staff name
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

	Date (dd/mm/yy)	Time	Type of goods	Description of customer	Staff comments	Staff name
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						

Checked by

Managers name _____

Managers Signature _____

Date _____

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	Date (dd/mm/yy)	Time	Type of goods	Description of customer	Staff comments	Staff name
42						
43						
44						
45						
46						
47						
48						
49						
50						
51						
52						

	Date (dd/mm/yy)	Time	Type of goods	Description of customer	Staff comments	Staff name
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						

Checked by

Managers name _____

Managers Signature _____

Date _____

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	Date (dd/mm/yy)	Time	Type of goods	Description of customer	Staff comments	Staff name
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						

	Date (dd/mm/yy)	Time	Type of goods	Description of customer	Staff comments	Staff name
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						

Checked by

Managers name _____

Managers Signature _____

Date _____

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	Date (dd/mm/yy)	Time	Type of goods	Description of customer	Staff comments	Staff name
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						

	Date (dd/mm/yy)	Time	Type of goods	Description of customer	Staff comments	Staff name
95						
96						
97						
98						
99						
100						
101						
102						
103						
104						

Checked by

Managers name _____

Managers Signature _____

Date _____

agecheck

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Checked by _____
 Managers name _____
 Managers Signature _____
 Date _____

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	Date (dd/mm/yy)	Time	Type of goods	Description of customer	Staff comments	Staff name
105						
106						
107						
108						
109						
110						
111						
112						
113						
114						