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SCHEDULE 1

Regulation 3(1)

Form 1 – Failing to display prescribed no smoking signs or failing to display no smoking signs in a prescribed manner.

[NAME OF ENFORCEMENT AUTHORITY]
[ADDRESS OF ENFORCEMENT AUTHORITY]

**HEALTH ACT 2006:
SECTION 6 (FAILURE TO DISPLAY NO SMOKING SIGNS IN ACCORDANCE WITH
REQUIREMENTS MADE BY OR UNDER SECTION 6)**

FIXED PENALTY NOTICE

PENALTY AMOUNT £200

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PART 1 RECIPIENT COPY

Penalty notice number: _____

Full name of alleged offender: _____

Address of alleged offender: _____

Post code: _____

Date of birth (if known): _____

Male/female (circle one)

I, _____ (name), an authorised officer of [name of enforcement authority] under section 10 of the Health Act 2006, have reason to believe that you committed an offence under section 6 of the Health Act 2006 (failure to display no smoking signs in accordance with requirements made by or under section 6) in premises, a place or vehicle in relation to which [name of enforcement authority] has enforcement responsibilities.

The circumstances alleged to constitute the offence are that at:

_____ (time) on _____ (date)

you, at/on the following premises, place or vehicle (where alleged offence took place, including address, if any):

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being premises, a place or vehicle to which the provisions of section 6 of the Health Act 2006 applies, allegedly (details of offence):

This notice offers you the opportunity of discharging any liability for conviction for that offence by the payment of a fixed penalty of **£200 (two hundred pounds)**. No proceedings will be taken for this offence before the expiration of the period of 29 days beginning with _____ *[insert the date on which this notice is given]*. You will not be liable to conviction for the offence if you pay the fixed penalty within that period. In this Form this period is referred to as **the 29 day period**.

You can pay a discounted amount of £150 (one hundred and fifty pounds) if you pay within the period of 15 days beginning with _____ *[insert the date on which this notice is given]*. If the 15th day is not a working day, you may pay on the next working day. "Working day" means a day which is not Saturday, Sunday, Christmas Day, Good Friday or a day which is a bank holiday in England and Wales under the Banking and Financial Dealings Act 1971. In this Form this period is referred to as the 15 day period.

Information for the immediate attention of the person who has been issued this penalty notice is at Part 2 of this notice. Details about how to pay this fixed penalty are at Part 3 of this notice. Details about how to request a court hearing in relation to this alleged offence are at Part 4 of this notice. **If you have any questions, or if you wish to discuss this notice, please contact *[insert name and address of enforcement authority and contact details]*.**

Signature of authorised officer

Date of issue

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PART 2

INFORMATION FOR THE IMMEDIATE ATTENTION OF THE PERSON WHO HAS BEEN ISSUED WITH THIS PENALTY NOTICE

You have received this notice because the authorised officer of *[name of enforcement authority]* named in Part 1 of this notice has reason to believe that you have committed the offence of failing to display a no smoking sign in accordance with requirements made by or under section 6 of the Health Act 2006. Within the **29 day period**, you must either pay the penalty or request that the matter be heard by a court. You may not do both.

If you fail to do either, *[name of enforcement authority]* as an enforcement authority by virtue of section 10 of the Health Act 2006 may pursue this matter in court. A person found guilty of the offence of failing to display a no smoking sign in accordance with requirements made by or under section 6 of the Health Act 2006 is liable on summary conviction to a fine not exceeding level 3 on the standard scale(a).

- (a) Currently £1,000 – see section 37 of the Criminal Justice Act 1982 (c.48) as amended by section 17 of the Criminal Justice Act 1991 (c.53).

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PART 3

PAYING THE PENALTY

The amount of the fixed penalty is **£200 (two hundred pounds)**. It must be paid within the 29 day period which is specified in Part 1.

You can pay a discounted amount of **£150 (one hundred and fifty pounds)** if you pay within the 15 day period specified in Part 1.

If you choose to pay the penalty, no further action will be taken in respect of the alleged offence described at Part 1 of this penalty notice. The payment of the penalty involves no admission of guilt and will not result in a record of criminal conviction being made against you.

Payment may be made by completing Part 3A below and returning it with payment to the address stated in that Part, or by completing Part 3A below and paying in person at *[name and address of enforcement authority]*. Acceptable methods of payment include cash, cheque, postal order or money order.

Cheques, postal orders or money orders should be made payable to *[name of enforcement authority]*. If you choose to pay this penalty in cash by post, this must be sent by registered post, and proof of posting must be retained. If you require a receipt for the payment of the penalty, you must ask for one at the time of payment, and if paying by post, you must provide a stamped, self-addressed envelope.

WARNING:

LATE PAYMENT WILL NOT BE ACCEPTED. YOU WILL NOT BE SENT A REMINDER

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PART 3A
PAYMENT OF FIXED PENALTY ISSUED
UNDER SECTION 6 OF THE HEALTH ACT 2006
(FAILURE TO DISPLAY NO SMOKING SIGNS IN ACCORDANCE
WITH REQUIREMENTS MADE BY OR UNDER SECTION 6)

This slip must accompany all payments

To *[Name and address of enforcement authority where payment should be sent]*

:

Penalty notice Number:

—

I enclose the
amount of:
(tick one box)

£150

(if the payment is made within the 15 day period specified in Part 1)

£200

(if the payment is made within the 29 day period specified in Part 1)

Full name of alleged offender:

—

Address of alleged offender:

—

—

Post code:

Signature

Date

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PART 4

REQUESTING A COURT HEARING

If you choose to request a court hearing, you **must** within the 29 day period do so by completing Part 4A and sending it to *[name of enforcement authority]*, or by writing to *[name of enforcement authority]* at the address stated on Part 4A, giving your details, the penalty notice number (which can be found in Part 1 of this notice) and an address at which a summons can be served on you. The summons will tell you when and where to attend court. Only the recipient of this penalty notice (the person named at Part 1) may request a court hearing.

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PART 4A

HEALTH ACT 2006: FAILING TO DISPLAY A NO SMOKING SIGN IN ACCORDANCE WITH REQUIREMENTS MADE BY OR UNDER SECTION 6

REQUEST FOR ALLEGED OFFENCE TO BE DEALT WITH BY A COURT OF LAW

To *[Name and address of enforcement authority]*

:

Penalty notice Number: _____

I wish to be dealt with by a court of law for the alleged offence.

Full name of alleged offender: _____

Address of alleged offender: _____

_____ **Post code:**

Signature

Date