

**Tobacco Education Program**  
P. O. Box 962, Santa Cruz, CA 95061  
454-4319 (Recording) ♦

**SMOKE-FREE WORKPLACE ENFORCEMENT PROGRAM**  
**(Labor Code §6404.5)**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. / P.M.

- Patron(s) observed smoking
  - Names, if available: \_\_\_\_\_
  - Number of patrons observed smoking: \_\_\_\_\_
  - Smoking patron(s) NOT asked to stop: \_\_\_\_\_
- Employee observed smoking (name or description): \_\_\_\_\_
- Ashtrays made available to non-employees
- Matches made available to non-employees
- Cigarette machine located on premises
- "No Smoking" signs not posted at each entrance
- Drinks served to non-employee who is smoking
- Business post signs that say smoking is permitted (explain below)
- Employee states smoking is permitted (explain below)
- Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (  *Cont'd on Reverse Side* )

Your Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_