

Tobacco Education Program

1070 Emeline Avenue, Santa Cruz, CA 95060

454-4319 (Tobacco Complaint Line)

Please use this form to report a smoking violation inside a building.

**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
- Cigarette machine located on the premises
- "No Smoking" signs not posted at each entrance
- Employee states smoking is permitted (explain below)
- Other/Comments: _____

_____ (*Cont'd on Reverse Side*)

The following information will NOT be shared with the business.

Your Name: _____ Phone No: _____

Address: _____

Signature: _____ Date: _____