



## Smoking & Vaping Non-Compliance Report Form

DATE:	TIME:
NAME OF REPORTER:	NAME OF SMOKER/VAPER (IF KNOWN):
REPORTER CONTACT INFORMATION: (Email or Phone Number)	LOCATION OF OBSERVATION:
IS THE SMOKER/VAPER:	<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> VISITOR/CONTRACTOR <input type="checkbox"/> STUDENT <input type="checkbox"/> RESIDENT STUDENT <input type="checkbox"/> UNKNOWN
DESCRIPTION OF OBSERVATION:	
HAVE YOU PREVIOUSLY SUBMITTED A REPORT FOR THIS PARTICULAR SMOKER/VAPER:	<input type="checkbox"/> YES <input type="checkbox"/> NO