

TOBACCO/SMOKE-FREE POLICY

The Surgeon General reports that there is “no safe level of exposure to secondhand smoke”;
Tobacco use is the leading cause of preventable death in the United States;
Breathing secondhand smoke for even a short time can have immediate adverse effects;
Secondhand smoke exposure causes disease and premature death in children and adults who do not smoke;
Setting a healthy tobacco-free norm is important for the health of our community.

To protect our employees, customers, and visitors, _____
establishes the following tobacco-free policy.

Check all that apply:

- _____ This policy applies to all tobacco products, “any product made or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product. This includes, among other products, cigarettes, cigarette tobacco, roll-your-own tobacco, and smokeless tobacco.”
(Definition of products considered to be tobacco products as defined by the tobacco control act – FDA)
- _____ This includes the use of electronic aerosol delivery systems (e.g. e-cigarettes, vape pens, e-hookah, advanced refillable personal vaporizers, electronic pipes).
- _____ This applies to “Smoking”; inhaling, exhaling, burning or carrying any lighted cigar, cigarette or pipe.
- _____ This policy applies to the entire property.
- _____ This policy prohibits use within _____ (fill in # of feet) feet of building or entryways, windows and air ducts.
- _____ Smoking is restricted to the designated smoking area(s). Description of designated smoking area:

- _____ Smoking is not allowed in company vehicles.
- _____ This policy applies to all events held and sponsored by the organization.
- _____ My organization would like to be recognized in the media for implementing a tobacco/smoke-free policy and creating a healthy place to work, live, and play.

This policy aims to create a healthy environment to protect the overall health and well-being of all employees, residents, customers and visitors.

This policy will go into effect _____.

Signed by Owner, Director, Manager or other authorized person

Name: _____

Title: _____

Address: _____

Phone: _____

Date: _____

Mail to: Southern Tier Tobacco Awareness Coalition, 103 Washington St, Elmira, NY 14901, or Email: mlarimore@chemungcountyny.gov



*STTAC will provide free signage once a signed policy is obtained, while supplies last.

Tobacco-Free Policy Signage Form



The above pictures are examples of the signs the Southern Tier Tobacco Awareness Coalition can provide you with, upon request. If you are interested in a custom design, STTAC can work with you to create something while supplies last.

The following signs are on hand

Amount Requested

“Please keep this **Area** Smoke and Tobacco Free” Metal – 14”X10”

“Please keep these **Grounds** Smoke and Tobacco Free” Metal – 14”X10”

“Young Lungs at Play – This is a Tobacco-Free Zone” Metal -18”X12”

“Please keep this **Area** Smoke and Tobacco Free” Window Sticker – 6”X4”

“Please keep the **Grounds** Smoke and Tobacco Free” Window Sticker – 6”X4”

“This Apartment Building is a Smoke-Free Building. Thank you for not smoking.” Metal – 18”X12”

We also have smaller quantities of other options available on hand. Please contact us if you are interested in additional options.

These signs are free when we receive your signed policy.

Thank you,
Michelle Larimore, MPH
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