

# SMOKE-FREE ONTARIO ACT WITNESS REPORT

Date of Incident/Observations:

Time of Incident/Observations:

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**Location where Incident/Observations took place:**

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Address:

Municipality:

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**Name of person involved in Incident/Observation:**

(If person is unknown, please provide physical description)

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Address:

Postal Code:

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Town/City:

Phone:

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Date of Birth:

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**Observations:**

What did you see, hear or smell?

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Where were you when you saw the offence taking place (inside or outside)?

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Where was the person's location?

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Is the location of the offence within the boundaries of school/hospital property? Yes No NA

Is the offence within 20m of the perimeter of the school property? Yes No NA

Was the person holding or smoking lighted tobacco or cannabis? Yes No NA

Was the person holding an activated e-cigarette or vaporizer? Yes No NA

Were no smoking/vaping signs posted? Yes No

Did you have any conversation with the person? Yes No  
(If yes, please note what was said)

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Approximately how far were you from the person?

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How did you identify the person?

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Was your view of the offence obstructed in any way?

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Do you have any additional observations or comments?

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**Witness name and contact information (please print): Position:**

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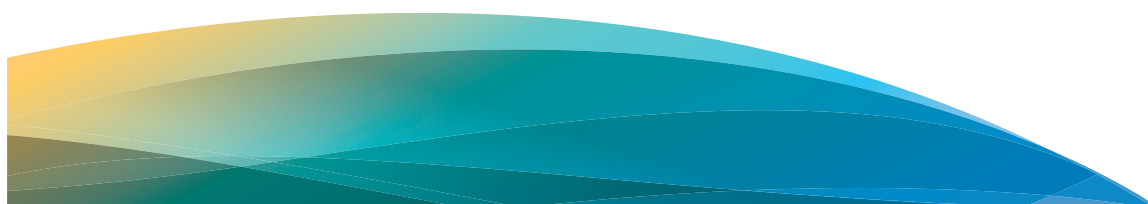
Signature of witness:

Date:

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Please send completed forms by fax to 807-468-3914 or by email to [envhealth@nwhu.on.ca](mailto:envhealth@nwhu.on.ca)



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