

Smoke Free Ontario Act Witness Report

Date of Offence: ____/____/____
YY MM DD

Time: ____ : ____ a.m./p.m.

Name of Institution where violation took place: _____

Address: _____

Municipality: _____

Postal Code: _____

Witness Statement

Name of person committing offence: _____

Address: _____

Municipality: _____

Postal Code: _____

Date of Birth: ____/____/____
YY MM DD

Phone: (____) _____

Specific location where offence took place: _____

(e.g., west side of parking lot) _____

Is the location on School Property: Yes ____ No ____

Description of offence:

1. Holding lighted tobacco product: Yes ____ No ____

2. Smoking tobacco product: Yes ____ No ____

3. Supply or Sell tobacco product to under 19 years: Yes ____ No ____

Was your view obstructed in any way? Yes ____ No ____

How far were you from the offender? _____

(e.g. approximately 1 metre)

Witness name (please print): _____ Position: _____

Business phone: (____) _____ Home Phone: (____) _____

Signature of witness: _____ Date: ____/____/____
YY MM DD

*****By signing this you acknowledge that you will be required as a witness if a trial is ordered*****

Institution – Office Use:

Previous Violation: Yes ____ No ____

Date of Violation: ____/____/____
YY MM DD

Public Health – Office Use:

Warning: Yes ____ No ____

Part I (PON #): _____

Part III: Yes ____ No ____

Date of Issue: ____/____/____
YY MM DD

Notification of Canada – Tobacco Control Information

Information is collected on this form under the authority of the Smoke Free Ontario Act, and will be used to assist in tobacco related investigations.
Personal information will be treated as confidential and used only in legal proceedings.