

Smoke-Free Ontario Act

Smoking on School Property Witness Report

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

Time: _____ a.m. / p.m.

Name of institution where violation took place: _____

Address: _____

Municipality: _____ Postal Code: _____

Name of person committing offence: _____

Address: _____

Town / City : _____ Postal Code : _____

Date of birth: ____ / ____ / ____ Phone: () _____
YY MM DD

Describe what you saw:

Where were you when you saw the offence taking place? _____

Where was the person located? _____

Is the location where you saw the offence take place within the boundaries of school property? _____

Approximately how far were you from the person? _____

How did you identify the person? _____

Was your view of the offence obstructed in any way? _____

Was the person holding a lighted tobacco product? _____

Was the person smoking a tobacco product? _____

Do you have any additional observations or comments? _____

Witness name (please print): _____

Position: _____ Business phone: (____) _____

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

*****Your signature confirms you are aware 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: Y / N

Date of issue: ____ / ____ / ____ Time : _____ a.m. / p.m.
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.