
Smoke-Free Ontario Act, 2017
School Report of Offence

FAX TO: 519-631-1682

Attn: Cameron Trafagander

email: tobaccoenforcement@swpublichealth.ca

SCHOOL INFORMATION

Name of School: _____

Address: _____

School Contact Person: _____

Phone: _____ Date: _____

STUDENT INFORMATION

Name: _____

Date of Birth: _____ Telephone: _____

Home Address: _____

Parent/Guardian Name & Address (*if student is under 16 years*)

INCIDENT DETAILS:

Date of Occurrence: _____

Time of Occurrence: _____

Location (*please be specific i.e. on the steps of the west entrance to the school*):

Witness Name and Title: _____

Was student seen:

Holding a lighted tobacco product

Holding/smoking cannabis

Smoking (inhaling & exhaling tobacco smoke)

Using e-cigarette

Was tobacco/e-cigarette/cannabis seized?

Yes

No

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**PLEASE PROVIDE A BRIEF SYNOPSIS OF THE INCIDENT INCLUDING
THE OFFENDER'S NAME, WHERE ON THE PROPERTY THEY WERE
AND WHAT THEY WERE SEEN DOING**

WITNESS SIGNATURE _____

Middlesex-London Health Unit
50 King Street
London, ON N6A 5L7
Tel. (519) 663-5317
Fax: (519) 663-9581
www.healthunit.com

Southwestern Public Health
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www.swpublichealth.ca

Southwestern Public Health
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