**Tobacco Use Policy Template**

[Company Logo]

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| POLICY NAME: Tobacco-Free Workplace Policy | EFFECTIVE DATE:  LAST REVISION : |
| DEPARTMENT: | POLICY NUMBER: |

**Purpose**

A tobacco-free workplace helps to create a safe and healthy work and living environment for our staff and customers of [Company Name] It is also intended to promote a healthier, more sustainable workforce

**Definitions**

Any form of tobacco including but not limited to, cigarettes, smoldering cigars, pipe tobacco, snuff, dip, and chew, as well as non-FDA approved electronic nicotine delivery devices (ENDS) such as an e-cigarettes and/or vaping equipment.

**Policy**

[Company Name] prohibits the use of tobacco products and/or ENDS inside company facilities, including offices, hallways, stairways, and inside company vehicles.

Effective [DATE], smoking, any and all tobacco use and use of ENDS shall be prohibited outside the plants and offices on company premises, including in vehicles that are parked on company property. Tobacco and all tobacco products and all ENDS use is also prohibited within 50 feet of [Company Name] owned or leased property. Tobacco products and ENDS are not allowed inside company facilities including break rooms, offices, and production areas.

**Enforcement**

Employers have the legal right to eliminate the use of tobacco products and other nicotine delivery devices in the workplace and may voluntarily choose to create smoke-free outdoor areas. It is the responsibility of every employee to comply with this policy. [Company Name] executives, directors, managers and supervisors are authorized to enforce this policy during breaks and working time in a fair and consistent manner.

Employees in violation of this policy, work, or break rules will be subject to disciplinary action up to and including termination of employment.

**Reporting violations of this policy**

Any violations of this policy should be brought to the attention of Human Resources, Plant Manager, or Production supervisor for resolution. The complaint should be submitted in writing and identify specific objections. [Company Name] will investigate the complaint and resolve it in accordance with the policy.

**Tobacco Cessation Programs Available**

[Company Name] will help employees who want to quit using tobacco products by providing them access to recommended tobacco cessation programs and materials free of charge. Please see a member of the Human Resources team for further details.

Each employee will be required to complete an affidavit during new hire orientation or annual benefits open enrollment to certify their tobacco use status.  Falsification of this information by the employee will be subject to disciplinary action up to and including termination of employment.

***Statement of Understanding***

*I have read and fully understand the terms of this policy. I understand that any violation of the tobacco use policy will be subject to disciplinary action up to and including termination of employment. I understand that [Company Name] reserves the right to make changes to this policy as may be required without notice.*

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Employee Printed Name Date

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Employee Signature