

Model Smoke-Free Workplace Policy

[Company Name] Smoke-Free Policy

[Company Name] is dedicated to providing a healthy, comfortable, and productive work environment for our employees.

In accordance with the provisions set forth in the Code of the City of Charleston, SC, Chapter 21, Section 21-132, this establishment adopts the following smoke-free workplace policy, effective July 23, 2007.

Smoking shall not be permitted in any enclosed company facility or space. This includes common work areas, auditoriums, classrooms, conference and meeting rooms, private offices, elevators, hallways, medical facilities, cafeterias, employee lounges, stairs, restrooms, vehicles, and all other enclosed facilities. This policy applies to all employees, clients, contractors, and visitors. Smoking shall be permitted only at a reasonable distance from outside entrances, operable windows, and ventilation systems of enclosed areas where smoking is prohibited, so as to insure that tobacco smoke does not enter those areas.

Copies of this policy shall be distributed to all employees. No Smoking signs shall be posted at entrances to all company facilities.

The success of this policy will depend on the thoughtfulness, consideration, and cooperation of both smokers and nonsmokers. All employees share in the responsibility for adhering to and enforcing this policy. Employees who violate this policy may be disciplined.

Any disputes involving smoking should be handled through the company's procedure for resolving other work-related problems. If the problem persists, an employee can speak to [company department/name and phone number for complaints].

The Surgeon General has determined that cigarette smoke is harmful to your health. Those employees who smoke and would like to take this opportunity to quit are invited to participate in the cessation programs being offered by the company or to call 1-800-QUIT-NOW for free cessation information.

Any questions regarding the smoke-free workplace policy should be directed to [company department/name and phone number handling inquires].

Signature of CEO or President _____ Date: _____