## Smoke-Free Ontario Act, 2017



## Smoking, Cannabis or Vaping on Smoke-Free and Vape-Free Areas **WITNESS REPORT**

Timiskaming Health Unit 247 Whitewood Ave., PO Box 1090, New Liskeard, ON POJ 1P0

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Fax: /05-64/-5//9	
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Email: <u>tessierj@timiskaminghu.com</u>	
Date of offence:	
Name of institution where violation took place:	
Address:	
Municipality:	Postal code:
Name of person committing offence:	
Address:	
Town:	Postal code:
Date of birth:	Phone Number:
Describe what you saw (please be detailed as your com Offence noted:	ments will be your notes for court):
Was the person holding: □ a lighted tobacco? □ a	n activated electronic cigarette?
Was the person smoking/using: ☐ tobacco? ☐ a	n electronic cigarette?
Does video surveillance exist of the offence? ☐ Yes ☐	No (if YES, please include with the witness report)

Do you have an additional observations or commer	nts?	
By signing this you acknowledge that y	ou will be required as a witn	ness if a trial is ordered.
Witness name (please print):		
Position:	Business phone:	_
Signature of witness:	Dat	e:
<u>Institution - Office Use</u>	<u>Timiskaming Health Unit –</u>	Office Use
Previous violation: ☐ Yes ☐ No	Warning: ☐ Yes ☐ No	0
Date of violation:	Part I (PON #):	Part III: □ Yes □ No
	Date of issue:	Time:

## **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.

To meet public health requirements, any personal information on this form is collected under the authority of one or more of the following (as amended) and related regulations: Health Protection and Promotion Act, R.S.O. 1990: Smoke Free Ontario Act, S.O. 2017; Skin Cancer Prevention Act, 2013, S.O. 2013; Healthy Menu Choices Act, 2015, S.O. 2015; Safe Drinking Water Act, 2002, S.O. 2002; Ontario Building Code Act, 1992, S.O. 1992; Funeral, Burial and Cremation Services Act, 2002, S.O. 2002; Environmental Protection Act, R.S.O. 1990; Regulated Health Professions Act, 1991, S.O. 1991; and is in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004, S.O. 2004.

Questions about this collection should be directed to the Program Manager at Timiskaming Health Unit, 247 Whitewood Ave., Unit 43, New Liskeard, ON P0J 1P0 705.705.647-4305, Ext. 2250.