



SMOKE-FREE ONTARIO ACT, 2017 WITNESS REPORT FORM

Please complete this form and fax to Halton Region Public Health at (905) 825-8797 or email to: accesshalton@halton.ca.

Name of Facility:	
Address:	Telephone Number:
Municipality:	Postal Code:

OCCURRENCE STATEMENT:	
Date of Observation:	Time of Observation: AM/PM
Name of Person engaged in prohibited activity:	
Address:	Date of Birth:
Municipality:	Phone Number:
Postal Code:	
Specific location where prohibited activity took place on property:	
Has the person been previously warned? <input type="checkbox"/> Yes (If yes, who by and date) <input type="checkbox"/> No	

TYPE OF OBSERVATION:	
Description of Observation <ol style="list-style-type: none">1. Smoke tobacco in prohibited place2. Hold lighted tobacco in prohibited place3. Smoke cannabis in prohibited place4. Hold lighted cannabis in prohibited place5. Use of an electronic cigarette in prohibited place	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Was your view obstructed in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How far were you from the offender?	_____ Metres

WITNESS INFORMATION:	
Witness Name:	Position:
Business Phone:	Personal Phone:
Signature:	Date:

Disclaimer: The information provided on this form is collected and will be used for investigations in accordance with section 20 of the <i>Smoke-Free Ontario Act, 2017</i> , S.O. 2017, c. 26, Sched. 3. By signing this form, I confirm that all information written above is true to the best of my knowledge and that I am aware that I may be required to attend Provincial Court to testify regarding this incident.
Halton Region Nexus Number: TIS Report Number: