

STATE OF MICHIGAN
SMOKE FREE WORKPLACE VIOLATION AND COMPLAINT FORM
Act 188, Public Acts of 2009
 _____ **Health Department**

Violation of: <input type="checkbox"/> Part 126 <input type="checkbox"/> Part 129		Food Service Establishment ID Number:	
Establishment Name		County	
Address			
Person In Charge	Phone Number	Fax Number	E-Mail
Reason for Site Visit: <input type="checkbox"/> Inspection <input type="checkbox"/> Complaint No.: <input type="checkbox"/> Other:			
Details			
Violation(s) <input type="checkbox"/> Lack of "no smoking" signs or the international "no smoking" symbol at the entrances where smoking is prohibited. Details:			
<input type="checkbox"/> Ashtrays or other smoking paraphernalia found in an area where smoking is prohibited. Details:			
<input type="checkbox"/> Not informing individuals who are smoking that they are violating state law and subject to penalties. Details:			
<input type="checkbox"/> Not refusing service to an individual who violates the smoke free law. Details:			
<input type="checkbox"/> Not asking an individual who violates the smoke-free law to refrain from smoking and if the individual continues to smoke, not asking individual to leave non-smoking area. Details:			
Violations corrected on site <input type="checkbox"/> Yes <input type="checkbox"/> No	Correction Details		
Corrective actions required include:			
Corrective actions must be completed by (date):		Educational materials provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy provided to:	Inspector	Date	