Tobacco-Free Workplace Policy [Template]

[Insert company logo here]

*[**Note to employer:** Before finalizing, review and delete italicized text and text inside brackets. Replace grayed out COMPANY NAME text with your company and insert logo.*

PURPOSE

A tobacco-free workplace helps to create a safe and healthy work environment for the staff of COMPANY NAME.

DEFINITIONS

“Tobacco product” means any product that is made or derived from tobacco, or that contains nicotine, that is intended for human consumption or is likely to be consumed, whether smoked, heated, chewed, absorbed, dissolved, inhaled, or ingested by any other means, including but not limited to a cigarette, cigar, pipe tobacco, chewing tobacco, snuff, snus, or vape devices.

“Tobacco products” also means electronic smoking devices and any component or accessory used in the consumption of a tobacco product, such as filters, rolling papers, pipes, and substances used in electronic smoking devices, whether or not they contain nicotine.

“Tobacco product” does not include drugs, devices, or combination products authorized for sale by the U.S. Food and Drug Administration, also known as “Nicotine Replacement Therapies.”

POLICY

The use or possession of all tobacco products (as defined above) is prohibited inside company facilities, including offices, hallways, stairways, and outside all plants and offices on company premises, including all company-owned or operated property, company vehicles, or personal vehicles transporting personnel for company business.

Tobacco product use is prohibited in personal vehicles parked on company property.

Tobacco product use is prohibited while in COMPANY NAME uniform or while otherwise representing COMPANY NAME.
Employee use of tobacco products is also prohibited on sidewalks, roads, or property

that is adjoined to COMPANY NAME owned or operated property; extending 50 feet from COMPANY NAME property.

Employees are prohibited from using tobacco products during work hours, at any other time on company property, and at any work-sponsored event.

Visitors to company-owned or operated property are also prohibited from using tobacco products. Visitors will be made aware of the policy through signage posted on COMPANY NAME property.

Tobacco Cessation Programs Available

COMPANY NAME wants to support employees [and dependents] who want to quit using tobacco products by providing them access to recommended tobacco cessation programs, medication, and materials at no cost to the employee/dependent [if on company health insurance plan]. Please contact [member of the Human Resources team] at [email] for further details.

Enforcement

Employers have the legal right to eliminate the use of tobacco products in the workplace to protect the health of all employees. 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, will be subject to [disciplinary action up to and including termination of employment].

Reporting Violations of this Policy

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

Policy Contact: Contact [staff] with questions or concerns.

Effective Date: The policy is effective [date].

Review Date: The policy will be reviewed [annually].

Adapted from the University of Kansas' WorkWell KS program's Tobacco Free Workplace Policy Template

Tobacco-Free Workplace Policy Statement of Understanding [Template]

[Insert company logo here]

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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.

_____
_____
Employee Signature Date

_____
Employee Printed Name

[COMPANY NAME]
Tobacco-Free Workplace Policy

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