

## Additional Resources

**If you would like additional copies of this toolkit, please contact:  
Smokefree Indiana Director Cessation Initiatives at (317)233-7430.**

### **Member Organizations of the Indiana State Partners Network**

American Cancer Society  
[www.cancer.org](http://www.cancer.org)

American Heart Association  
[www.heart.org](http://www.heart.org)

American Lung Association of Indiana  
[www.lungin.org](http://www.lungin.org)

Clarian Tobacco Control Center  
[www.clarian.org/ctcc](http://www.clarian.org/ctcc)

Indiana Academy of Family Physicians  
[www.in-afp.org](http://www.in-afp.org)

Indiana Latino Institute  
[www.indianalatin.com](http://www.indianalatin.com)

INShape Indiana  
[www.in.gov/inshape](http://www.in.gov/inshape)

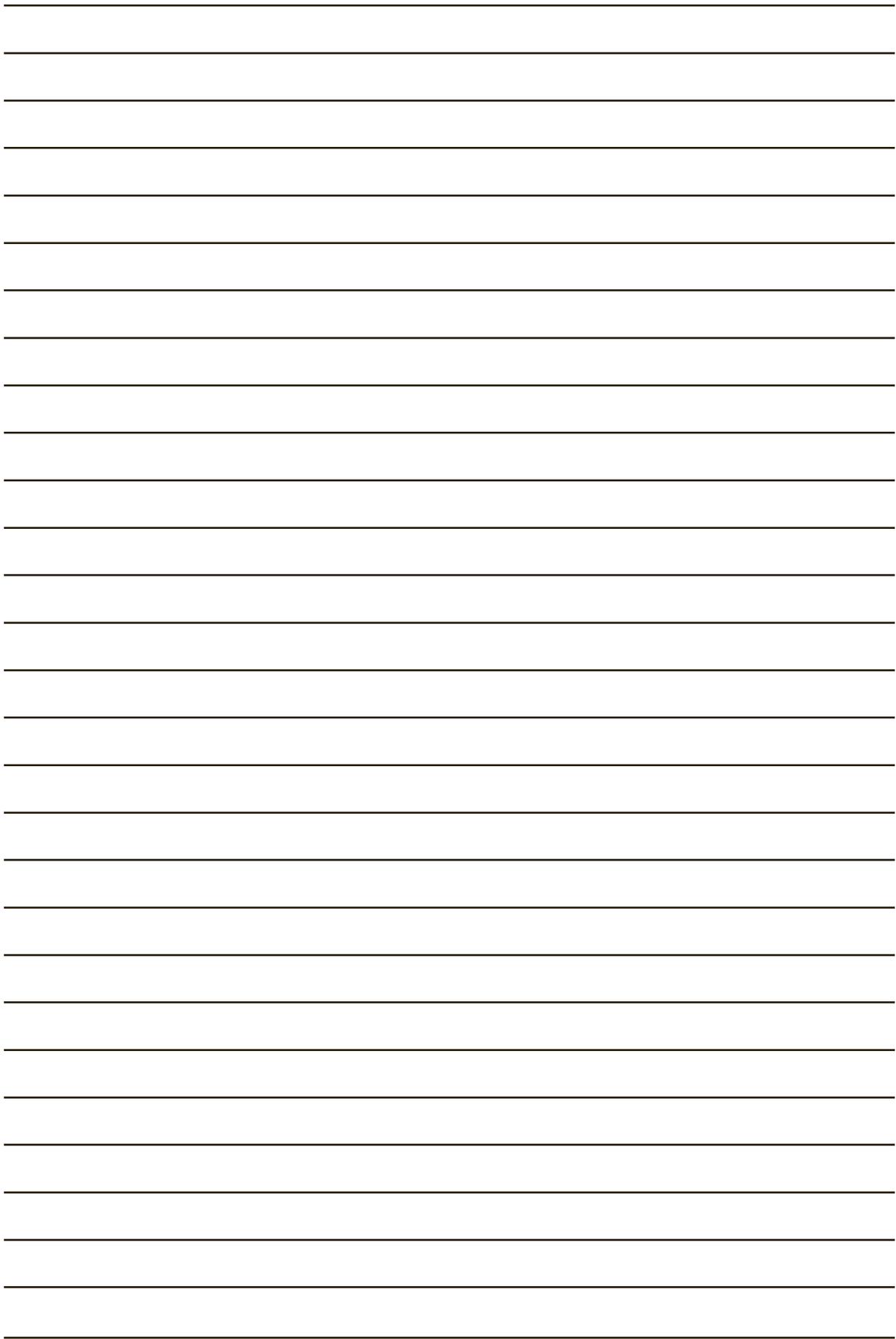
Indiana State Department of Health  
<http://www.in.gov/isdh/>

Indiana State Medical Association  
[www.ismanet.org](http://www.ismanet.org)

Indiana Tobacco Prevention and Cessation Agency  
[www.itpc.in.gov](http://www.itpc.in.gov)  
[www.whitelies.tv](http://www.whitelies.tv)

The National Cancer Institute's Cancer Information Service  
<http://www.cancer.gov>

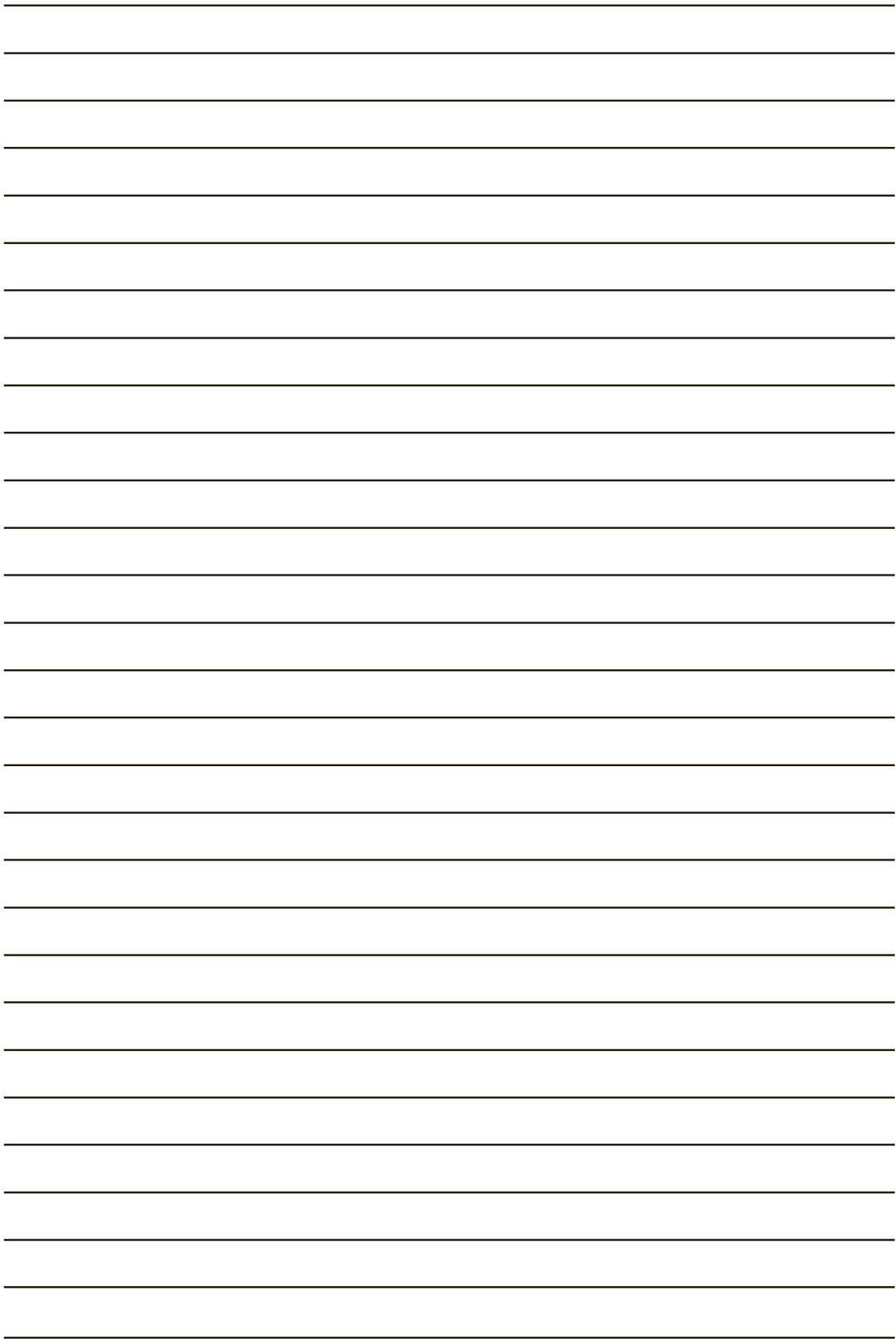
Smokefree Indiana  
[www.smokefreeindiana.org](http://www.smokefreeindiana.org)



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## Sample Employee Survey

1. Indicate the extent to which you are bothered by someone else smoking at work.
  - Frequently bothered
  - Occasionally bothered
  - Seldom bothered
  - Never bothered
  
2. Exposure to secondhand smoke is a serious problem. Do you:
  - Strongly Agree
  - Agree
  - No Opinion
  - Disagree
  - Strongly Disagree
  
3. Which of the following smoking policies would you prefer for our employees?
  - No smoking anywhere, including buildings, grounds, and vehicles.
  - No smoking allowed anywhere inside the buildings, but smoking can be allowed outside in designated areas.
  - No smoking allowed inside the buildings, but smoking can be allowed outside.
  - Smoking allowed in designated areas inside.
  - Smoking allowed anywhere.
  
4. If smoking were banned in the workplace, how would this affect the amount you currently smoke?
  - It would not affect it
  - I would smoke less
  - I would smoke more at home
  - I would try to quit
  
5. If the company offered a stop smoking program, would you attend?
  - Yes
  - No
  - I do not smoke
  
6. Please indicate your current smoking status:
  - Currently smoke cigarettes
  - Used to smoke cigarettes
  - Never smoked
  - Currently use spit tobacco, cigars, pipes, or other forms of tobacco



# MEMO TO ANNOUNCE [COMPANY]'S TOBACCO-FREE POLICY

TO: All Employees

FROM: CEO or HR Representative

RE: Tobacco-Free Workplace

DATE: [DATE – 3 MONTHS PRIOR TO POLICY EFFECTIVE DATE]

Effective [DATE], [COMPANY] will implement a campus-wide tobacco-free policy for all employees and visitors in order to provide a clean, healthy, productive and safe environment for all. [IF APPLICABLE – This policy is designed in compliance with the [STATE/LOCAL LAW] which will go into effect on [DATE]].

This policy will apply to:

- All [COMPANY] employees on all shifts;
- Customers, vendors, clients and all other visitors; and
- Members of committees, including our Board of Directors.

Smoking will be prohibited on all [COMPANY] owned and/or leased locations/premises; all internal and external areas, parking garages and parking lots; all entrances and exits; and all company owned and/or leased vehicles.

In addition, use of all tobacco products, including smokeless/chewing tobacco, will be prohibited. Company sponsored events – both on our premises and at external locations, where appropriate – will be smoke-free.

Compliance with these guidelines will be strictly enforced and policy violations will be subject to the standard disciplinary actions of the company.

The policy is being announced three months in advance in order to give tobacco users time to adapt to its restrictions and to facilitate a smooth transition to a tobacco-free environment. Those employees who use tobacco products and would like to quit are invited to participate in the cessation programs being offered by the company (please see attached schedule of events).

Any questions you may have regarding this policy should be directed to \_\_\_\_\_ at extension \_\_\_\_\_.

Thank you for your cooperation.

