

Attachment A

SMOKE-FREE FACILITIES POLICY STATUS INVENTORY (to be filled out by coordinator)

Please circle Y (yes) or N (no) under each category for the facilities listed below. Space is provided if an explanation or comment is required. Use extra sheets, if needed, to list different facilities.

FACILITY	Is there a policy?	100% SF building Policy?	Designated area <u>inside</u> building?	100% SF campus policy?	Designated areas <u>outside</u> ? (Foot rule?)	Comments/special circumstances
1. Health Department or your agency	Y N	Y N	Y N	Y N	Y N	
2. County Buildings → a. county vehicles SF? Y N	Y N	Y N	Y N	Y N	Y N	
3. Municipal Bldgs * ATT. A-1 → a. city vehicles SF? Y N	Y N	Y N	Y N	Y N	Y N	
4. K-12 schools * ATT. A-2 See Note under Comments section to the right.	Y N 24/7	NA	NA	Y N	Y N	Note: if there is not a district-wide policy, please list and describe each school separately.
5. College/University campuses	Y N	Y N Includes Dorms? Y N	Y N	Y N	Y N	
6. Hospital campuses	Y N	Y N	Y N	Y N	Y N	
7. Work places * - also includes malls, sports facilities, airports, etc. See ATT. A-3	Y N	Y N	Y N	Y N	Y N	Note: may need to list the different facilities separately
8. Workplace or Business ordinance	Y N	Y N	Y N	Y N	Y N	Specify municipality/ies where ordinance/s originate/s
9. Parks and other outdoor areas	Y N	Y N (Pavillions)	Y N	Y N (Grounds)	Y N	
10. Others? Please describe	Y N	Y N	Y N	Y N	Y N	

* Contact your MDCH consultant if you have questions about these tasks.