**SMOKING IN THE WORKPLACE POLICY**

**SMOKING RESTRICTIONS AT [EMPLOYER'S NAME]**

[EMPLOYER'S NAME] strictly prohibits smoking in all workplace areas, including but not limited to indoor facilities[[, offices][, breakrooms][, lunchrooms][, restrooms][, and company vehicles]]. [Smoking is also prohibited on outdoor company property, except in designated smoking areas, where permitted by [EMPLOYER'S NAME].] This policy applies to all employees[, contractors/vendors/customers/clients,] and visitors while on company premises.

This policy aligns with all applicable Iowa state laws regarding workplace smoking regulations, ensuring a safe and healthy environment for employees, customers, and visitors.

Definition of smoking

For the purposes of this policy, smoking refers to the act of lighting, inhaling, exhaling, or carrying any of the following:

* Cigarettes.
* Cigars.
* Pipes.
* [Electronic smoking devices, such as e-cigarettes or vapes.]

This list is illustrative and not exhaustive. Any device intended for smoking or emitting smoke or vapor falls within the scope of this policy.

Signage and reminders

To ensure awareness and compliance, ["No Smoking" signs will be prominently displayed at all building entrances[, on bulletin boards/in stairwells,] and in restrooms.] These signs serve as a visible reminder of [EMPLOYER'S NAME]'s commitment to a smoke-free workplace environment.

[EMPLOYER'S NAME] is dedicated to maintaining a healthy and safe workplace for all individuals. For any questions or concerns about this policy, please contact the [DEPARTMENT NAME] Department.

**REPORTING POLICY VIOLATIONS**

Complaint process

If you observe conduct that you believe violates this policy, you are encouraged to promptly report the matter to your direct supervisor. If the conduct in question involves your direct supervisor, you should report it to the [next level of management/[DEPARTMENT NAME]] as soon as possible.

To facilitate a thorough investigation, your complaint should include as many details as possible, such as:

* The names of all individuals involved.
* Any witnesses who may have observed the conduct.
* A description of the conduct you believe violates the policy.

Investigative and corrective action

[EMPLOYER'S NAME] will promptly and thoroughly investigate all complaints regarding potential policy violations. If a violation is found, [EMPLOYER'S NAME] will take appropriate corrective action, which may include disciplinary measures up to and including termination of employment.

[EMPLOYER'S NAME] is committed to maintaining a workplace that adheres to the highest standards of safety, professionalism, and respect. For any questions about this process, employees are encouraged to contact [DEPARTMENT NAME].

**[EMPLOYEE ASSISTANCE PROGRAM (EAP)**

[EMPLOYER'S NAME] offers an employee assistance program (EAP) to support the well-being of all employees[ and their eligible dependents]. This program includes resources and assistance for smoking cessation to help employees comply with the workplace smoking policy and achieve personal health goals.

Accessing the EAP

For more information about the EAP and its smoking cessation resources, employees are encouraged to contact [the [DEPARTMENT NAME] Department/[EMPLOYER'S NAME]'s EAP provider/[DESIGNATED CONTACT.]]

**NO RETALIATION POLICY**

Reporting violations

[EMPLOYER'S NAME] strictly prohibits retaliation in any form against employees who report violations of the workplace smoking policy or cooperate in investigations related to such violations. Acts of discipline, reprisal, intimidation, or retaliation for reporting these concerns will not be tolerated.

Commitment to enforcement

[EMPLOYER'S NAME] is dedicated to maintaining a smoke-free workplace. The success of this policy relies heavily on employees reporting violations promptly. If you witness smoking in the workplace, you are encouraged to report it immediately to ensure swift corrective action.

Failure to report workplace smoking may hinder [EMPLOYER'S NAME]'s ability to identify and address potential violations effectively. Your cooperation is vital to enforcing this policy and upholding a safe, smoke-free environment for all.

**POLICY ADMINISTRATION**

[EMPLOYER'S NAME] reserves the right to modify, update, or rescind the provisions of this Smoke-Free Workplace Policy at its sole discretion and without prior notice.

The [DEPARTMENT NAME] Department is responsible for overseeing and enforcing this policy. For any questions about this policy or concerns related to smoking in the workplace not addressed within this document, employees should reach out to the [DEPARTMENT NAME] Department for clarification and support.

**APPLICABILITY TO COLLECTIVE BARGAINING AGREEMENTS**

The guidelines outlined in this policy are intended to operate alongside, and not replace, modify, or supplement, any terms or conditions of employment established in a collective bargaining agreement between [EMPLOYER'S NAME] and a union.

Employees should consult the terms of their collective bargaining agreement for specific provisions regarding smoking in the workplace. In cases where the provisions of this policy differ from the terms outlined in an applicable collective bargaining agreement, the collective bargaining agreement will take precedence and control.

[EMPLOYER'S NAME] ensures that all policies align with the rights and agreements established under applicable collective bargaining agreements.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date