

TOOLBOX MEETING

DISCUSS WITH CREWS

mm/dd/yyyy

SMOKING IN THE WORKPLACE

Topic Overview

Under the Tobacco and Vapour Products Control Act and BC OHS Regulation, owners and managers are responsible for ensuring that their public and private workplaces comply with the requirements for creating a tobacco and vapor free environment.

Cigarettes are not only a health concern. They are also a leading cause of fires in BC, both residential and environmental.

Rules to be Aware of

Smoking and vaping are not permitted in any fully or substantially enclosed public place or workplace, or in the buffer zone around doors, open windows, and air intakes. This includes both permanent and temporary structures, such as marquee tents.

Here are some of the current Provincial smoking laws:



- BC:** 6 m from any doors, open windows and air intakes and any public spaces
- AB:** banned in public spaces and workplaces, including within 5 m of doors, windows, and outdoor air intakes
- NFLD:** banned in all public spaces and workplaces
- ON:** within a 20 m radius of all playgrounds and sports fields and within 9 m of an entrance or exit of any building used by the public
- QB:** banned within a 9 m radius of all doors, windows, playgrounds, and air intakes of any building open to the public

Many municipalities have additional nonsmoking bylaws, such as no smoking on beaches etc.

STATS

Key findings: Overall, cigarettes were responsible for 66% of smoking material structure fires and related injuries in BC from 2012 to 2016. When both injuries and deaths are factored in, cigarettes were responsible for 55% of all casualties in BC caused by smoking material structure fires from 2012 to 2016.



Forest fires are on the rise.

Humans cause almost 50% of forest fires in Canada – many caused by cigarette butts!

Resources

<https://cjr.ufv.ca/wp-content/uploads/2019/03/Fires-in-Canada-Originating-from-Smoking-Materials-March-2019.pdf>
https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96451_01

TOOLBOX MEETING

LOCATION		DATE	
PRESENTED BY		TIME	

Review previous Workplace Inspections

Review previous Accident/Incident/Near Misses

Other Safety Issues or Suggestions made by Staff

Attendance Record

NAME	SIGNATURE	NAME	SIGNATURE

TOOLBOX MEETING REQUIRED	NAME (PRINT)	SIGNATURE	DATE
SUPERVISOR			
WORKER REP			