



Worksite _____

Date Completed _____

Use page 1 of this document to assess your current state. This tool can be used for brainstorming and inform your work plan. You can then reference as you implement.

Do all employees have access to smoking/tobacco quit program/support? Yes No IP

1.1 What type of quit program/support is offered?

- On-site individual support/coaching
- On-site group program/support
- Phone coaching program/support

Does your organization provide the following?

- a. Coverage for over-the-counter quit medications (nicotine patches, gum or lozenges) approved by the Food and Drug Administration (FDA)? Yes No IP
- b. Coverage for prescription tobacco cessation medications (such as Chantix, bupropion/Wellbutrin) approved by the FDA? Yes No IP

Does your organization have a WRITTEN tobacco-free work site POLICY or GUIDELINE? Yes No IP

- 3.1 Which of the following items are included in your current tobacco-free work site policy/guideline? *Check all that apply.*
- No tobacco use in buildings.
 - No tobacco use on grounds, including personal vehicles.
 - No tobacco use on grounds, but allowed in personal vehicles.
 - No tobacco use in company vehicles.
 - No sale of tobacco products on company property.
 - Signage placed in conspicuous areas (such as entrances to property) to inform employees, contractors and visitors of policy.
 - Other (please describe) _____

3.2 Does your policy prohibit all forms of tobacco, including smokeless products and e-cigarettes? Yes No IP

3.3 Does the policy include enforcement procedures for when an employee does not follow the policy? Yes No IP

3.4 Is the tobacco-free policy consistently enforced (per the provisions included in the policy) across the organization? Yes No IP

Please provide additional comments about your organization's initiatives to help employees reduce or eliminate tobacco use:

BE WELL staff is available to help you complete this document and implement your work plan. This document must be completed and submitted with an implementation funding request for any tobacco initiatives.

This document is based upon, and contains, copyrighted content provided by Blue Cross and Blue Shield of MN, made available for use within Minnesota under license agreement with the MN Dept of Health.