

N.J.A.C. 8:6, Smoke-Free Air, establishes standards to implement the New Jersey Smoke-Free Air Act, N.J.S.A. 26:3D-55 through 64 (Act). The Department of Health (Department) has reviewed N.J.A.C. 8:6 and determined that, pursuant to Executive Order No. 66 (1978) and N.J.S.A. 52:14B-5.1.b, the chapter remains necessary, adequate, reasonable, efficient, understandable, and responsive to the purpose of implementing the Act. The Department hereby readopts the chapter.

The Department originally adopted N.J.A.C. 8:6 in 2007. 38 N.J.R. 1925(a), 3095(a); 39 N.J.R. 2027(a). Pursuant to P.L. 2011, c. 45, the chapter expiration date was extended by two years to May 21, 2014. See 43 N.J.R. 1203(a). The Department readopted the chapter with substantive changes in 2014. 46 N.J.R. 1514(a); 2406(b).

Subchapter 1 contains general provisions, establishes the purpose of the chapter, and provides definitions of terms that the chapter uses.

Subchapter 2 addresses indoor public places and workplaces, articulates the prohibition against smoking therein, regardless of the time, and indicates circumstances under which smoking is prohibited in exterior areas in relation to the effect of smoking on indoor public places and workplaces.

Subchapter 3 establishes standards and procedures for registration of cigar bars and cigar lounges as exempt from the prohibition against smoking therein.

Subchapter 4 establishes standards and procedures by which tobacco retail establishments can submit a notice of exemption from the prohibition against smoking therein.

Subchapter 5 establishes standards applicable to casinos and casino simulcasting facilities eligible for the exemption from the prohibition against smoking therein.

Subchapter 6 establishes model forms of signage that members of the regulated public can use to meet the Act's signage requirements.

Subchapter 7 establishes standards implementing the prohibition against smoking in school buildings and on school grounds.

Subchapter 8 establishes standards identifying circumstances under which smoking is prohibited in residences.

Subchapter 9 establishes enforcement procedures.

Subchapter 10 establishes procedures by which persons can obtain forms.

N.J.A.C. 8:6 Appendices A through J provide various application forms, sample signage, and other forms, which may be used to comply with the chapter. The Department is changing N.J.A.C. 8:6 Appendix H to reflect the correct name of the Commissioner of the Department and N.J.A.C. 8:6 Appendices I and J with the correct name and contact information for the program to which Smoke Free Air Act complaints and possible violations are submitted.

Throughout the chapter, the Department is making technical changes to update contact information.

Full text of the technical changes follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

SUBCHAPTER 1. GENERAL PROVISIONS

8:6-1.2 Definitions

(a) (No change.)

(b) As used in this chapter, the following words and terms shall have the following meanings, unless the context clearly indicates otherwise:

...

“Comprehensive Tobacco Control Program” means the program by that name established in the Community Health Services Division of the Integrated Health Services Branch of the Department, for which the contact information is: Comprehensive Tobacco Control Program, Community Health Services Division, Integrated Health Services Branch, New Jersey Department of Health, PO Box 364, Trenton, NJ 08625-0364.

...

["Indoor Environments Program" means the program by that name established in the Public Health Services Branch of the Department, the mailing address of which is: Indoor Environments Program, Consumer and Environmental Health Services, Public Health Services Branch, New Jersey Department of Health and Senior Services, PO Box 369, Trenton, NJ 08625-0369.]

...

“Local health agency” shall have the meaning provided at N.J.A.C. 8:52-2.1.

1. A searchable database and downloadable list of local health agencies, the municipalities over which they have jurisdiction, and their contact information is available at [<http://nj.gov/health/lh/directory/lhdselectcounty.htm>]

<https://www.nj.gov/health/lh>.

2. (No change.)

3. The Department shall provide contact information for local health agencies upon request made by telephone to (609) 292-4993 or in writing to the Office of **Local** Public Health [Infrastructure], PO Box 360, Trenton, NJ 08625-0360.

...

SUBCHAPTER 9. ENFORCEMENT

8:6-9.1 Enforcement against individuals

(a)-(b) (No change.)

(c) A person may file a complaint against a person smoking illegally in accordance with N.J.S.A. 26:3D-62 by:

1.-2. (No change.)

3. Filing the form of complaint at chapter Appendix I, incorporated herein by reference, with the [Indoor Environments] **Comprehensive Tobacco Control** Program.

(d) (No change.)

8:6-9.2 Enforcement against person having control of an indoor public place or workplace

(a) Any person may file a complaint against a person having control of an indoor public place or workplace who violates or fails or refuses to comply with or enforce the Act and this chapter by:

1.-2. (No change.)

3. Filing the form of complaint, at chapter Appendix I, with the [Indoor

Environments] **Comprehensive Tobacco Control** Program.

8:6-9.3 Procedure for anonymous request for investigation

(a) A person may submit an anonymous request for the performance of an investigation of an indoor public place or workplace for alleged violation of, or failure or refusal to comply with or enforce, the Act and this chapter by:

1. (No change.)

2. Filing the form of request for investigation at chapter Appendix J incorporated herein by reference, with the [Indoor Environments] **Comprehensive Tobacco Control** Program.

(b) (No change.)

8:6-9.4 Entry upon premises by enforcing entity

(a) A person having control of an establishment shall permit full access to the establishment, for the purposes of examination, inspection, investigation, and enforcement of the Act and this chapter, to:

1.-2. (No change.)

3. Any experts retained by, and at the expense of, the local health agency [of] **or** the [Indoor Environments] **Comprehensive Tobacco Control** Program.

(Agency Note: The text of N.J.A.C. 8:6 Appendices H, I, and J follow without boldface or brackets indicating changes. The changes to the appendices are described above.)

APPENDIX H



State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 360
TRENTON, N.J. 08625-0360
www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

On April 15, 2006, the "New Jersey Smoke-Free Air Act" (Act), N.J.S.A. 26:30-55 et seq., took effect. The Act prohibits smoking in an indoor public place or workplace. The Act also prohibits smoking in any building and/or on the grounds of any public or non-public elementary or secondary school.

The Act and the Smoke-Free Air Rules at N.J.A.C. 8:6 require these establishments to direct a person smoking in violation of the Act to stop smoking. The rules further requires these establishments to remove from the premises any person who continues to smoke in violation of the Act after having been directed to stop smoking, and to enlist the assistance of local law enforcement or peace officers, if necessary, to assist in the removal.

Persons who violate the Act are subject to a complaint being filed against them and being summoned to appear in the municipal court of this jurisdiction. Persons found to be in violation of the Act are subject to fines and penalties, established by the Act, of \$250 for a first offense, \$500 for a second offense, and \$1,000 for each subsequent offense.

Judith M Persichilli, RN, BSN, MA
Commissioner
New Jersey Department of Health

APPENDIX I

**Comprehensive Tobacco Control Program
New Jersey Department of Health
PO Box 355
Trenton, NJ 08625-0355
NJ SMOKE-FREE AIR ACT / COMPLAINT**

Date Filed

*Information contained in this form is subject to disclosure and public access pursuant to N.J.S.A. 47:1A-1, the "Open Public Records Law."
If you would like to make an anonymous request for investigation, you can do so by contacting your local health agency. You can find out which local health agency would have jurisdiction by searching the list of local health agencies available at <http://nj.gov/health/hd/directory/hdselectcounty.htm>, or by calling (800) 292-4993.*

SECTION I - ESTABLISHMENT INFORMATION			
1. Name of Establishment Street Address City State Zip Code	2. Source(s) of Smoking Violation: <i>(Check all that apply)</i> <input type="checkbox"/> Employee(s)/Worker(s) <input type="checkbox"/> Customer(s)/Visitor(s) <input type="checkbox"/> Owner/Operator (failure to enforce) <input type="checkbox"/> Unknown/Not Sure <input type="checkbox"/> Other (specify): _____		
3. Date and Time of Smoking Violation <input type="checkbox"/> AM <input type="checkbox"/> PM	4. Were No Smoking or Smoking Prohibited signs posted in or near the location of the smoking violation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Not Sure		
5. Brief Description of Smoking Violation (include the name of any supervisor/individual in charge that you spoke with concerning the smoking violation): 			
6. If this is a complaint about a smoking violation in your workplace, provide the name, title or position, and telephone number of the official in charge of smoking policy for your workplace: 			
SECTION II - COMPLAINANT INFORMATION			
7. Name of Complainant 8. Address 9. City, State, Zip Code	10. Status of Complainant <input type="checkbox"/> Employee/Worker <input type="checkbox"/> Owner <input type="checkbox"/> Customer <input type="checkbox"/> Operator <input type="checkbox"/> Visitor or Guest <input type="checkbox"/> Other (specify): _____		
11. Telephone Number	12. Best Time to Call		
CERTIFICATION: <i>I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.</i>			
13. Signature	14. Date		

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**NJ SMOKE-FREE AIR ACT / COMPLAINT
(Continued)**

15. Name of Other Complainant(s) or Witness(es) *		18. Status of Complainant <input type="checkbox"/> Employee/Worker <input type="checkbox"/> Owner <input type="checkbox"/> Customer <input type="checkbox"/> Operator <input type="checkbox"/> Visitor or Guest <input type="checkbox"/> Other (specify): _____	
16. Address			
17. City, State, Zip Code		19. Telephone Number	20. Best Time to Call
<i>CERTIFICATION: I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.</i>			
21. Signature		22. Date	
23. Name of Other Complainant(s) or Witness(es) *		26. Status of Complainant <input type="checkbox"/> Employee/Worker <input type="checkbox"/> Owner <input type="checkbox"/> Customer <input type="checkbox"/> Operator <input type="checkbox"/> Visitor or Guest <input type="checkbox"/> Other (specify): _____	
24. Address			
25. City, State, Zip Code		27. Telephone Number	28. Best Time to Call
<i>CERTIFICATION: I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.</i>			
29. Signature		30. Date	

* Attach additional sheet as needed and provided all requested information for any additional complainants/witnesses.

APPENDIX J

Comprehensive Tobacco Control Program
New Jersey Department of Health
 PO Box 355
 Trenton, NJ 08625-0355
NJ SMOKE-FREE AIR ACT
ANONYMOUS REQUEST FOR INVESTIGATION

Date Filed

Information contained in this form is subject to disclosure and public access pursuant to N.J.S.A. 47:1A-1, the "Open Public Records Law."

SECTION I - ESTABLISHMENT INFORMATION	
1. Name of Establishment <hr/> Street Address <hr/> City State Zip Code	2. Source(s) of Smoking Violation: <i>(Check all that apply)</i> <input type="checkbox"/> Employee(s)/Worker(s) <input type="checkbox"/> Customer(s)/Visitor(s) <input type="checkbox"/> Owner/Operator (failure to enforce) <input type="checkbox"/> Unknown/Not Sure <input type="checkbox"/> Other (specify): _____
3. Date and Time of Smoking Violation <input type="checkbox"/> AM <input type="checkbox"/> PM	4. Were No Smoking or Smoking Prohibited signs posted in or near the location of the smoking violation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Not Sure
5. Brief Description of Smoking Violation <i>(include the name of any supervisor/individual in charge that you spoke with concerning the smoking violator):</i> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
6. If this is a complaint about a smoking violation in your workplace, provide the name, title or position, and telephone number of the official in charge of smoking policy for your workplace: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
SECTION II - COMPLAINANT INFORMATION (OPTIONAL)	
7. Status of Complainant <input type="checkbox"/> Employee/Worker <input type="checkbox"/> Visitor or Guest <input type="checkbox"/> Operator <input type="checkbox"/> Customer <input type="checkbox"/> Owner <input type="checkbox"/> Other (specify): _____	

Forward this completed form the address listed above.

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