

Smoke/Tobacco-Free Policy Assessment Hot Spot Tracker

College/University:				_	
Name:					
Email:		<u>.</u>			
Role on Campus:		☐ Faculty ☐ Other:		ninistrator (Dean, VP 	, etc.)
Date:					
Are there areas who	ere tobacco use	ers are gathere	d (hot sp	ots)? □ Yes □ N	lo
If yes, please	e identify areas	and number o	of individu	ials smoking and vap	ing.
				T	
	When is her	Avera	ge#	Visible Cigarette	Within FOft of

Hot Spot Location	When is hot spot busiest?	Average # Smoking or Vaping	Visible Cigarette Waste?	Within 50ft of a building?