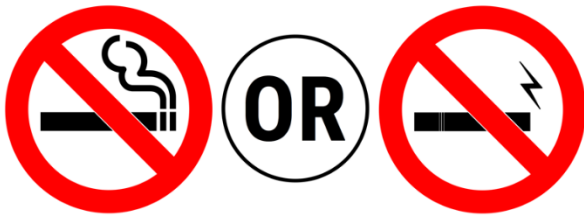


RECORDING AND REPORTING MANUAL FOR THE SMOKE FREE PROGRAM BENGUET

NO SMOKING



VAPING

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I. INTRODUCTION:

The Smoke-Free Program aims to enhance public health outcomes by promoting tobacco control measures through comprehensive policy development and the mobilization of networks. This initiative seeks to foster healthier communities by reducing the prevalence of tobacco-related diseases.

As part of the program's implementation, this manual has been developed to guide program stakeholders in the systematic recording and reporting of data. Effective documentation is critical for tracking the progress of interventions, assessing the impact of policies, and ensuring that tobacco control efforts are both efficient and transparent.

This manual is designed to provide clear instructions on the use of the recording and reporting tools that are integral to the program. These tools will help capture essential data on tobacco use prevalence, enforcement of smoke-free policies, public awareness efforts, and other relevant activities.

Objectives of the Manual:

- **Standardize Reporting:** To ensure uniformity in data collection and reporting across all program locations.
- **Improve Data Quality:** To provide a structured framework for collecting accurate and reliable data.
- **Facilitate Program Evaluation:** To assist in tracking progress, identifying challenges, and evaluating the effectiveness of smoke-free policies.
- **Enhance Communication:** To enable effective reporting to stakeholders, including government agencies, health organizations, and community partners.

This manual outlines the process flow of data collection, including step-by-step instructions on how to utilize the provided recording and reporting tools. These tools are essential for the continuous monitoring of program activities and outcomes, ensuring that all stakeholders are aligned in their efforts toward reducing tobacco-related health risks in communities.

II. ASSESSMENT OF THE TOOLS NEEDED FOR THE IMPLEMENTATION OF THE PROGRAM

1. Recording data needed / Reporting Form / Activities
 - a. Baseline data of Tobacco users / vape / momma / establishments / facilities, and as disaggregated - age, sex
 - b. Cessation Clinic - trainings > including officials
 - c. How many establishments are smoke-free
 - d. Number of IEC conducted about tobacco, vapes, momma
 - e. How youths buy cigarettes
 - f. Survey of Municipal Officials who are smoker and non-smoker
 - g. Allocate budget for the Program

2. Programs:
 - a. Number of approved resolutions, administrative order, EO in relation to Tobacco, momma, vapes
 - b. Number of clients undergo cessation session
 - c. Number of trained personnel on cessation program
 - d. Number of cessation clinics

3. Smoke-Free Barangay Data Base
 - a. Smoker's Registry
 - b. Momma user's Registry
 - c. Data base - Barangay - specific line of business; #5 smokers, vape users
 - d. Smoke-Free Barangay Compliance form
 - e. Identify establishments within loom radius - B.O.S.S
 - f. *smoking cessation clinic

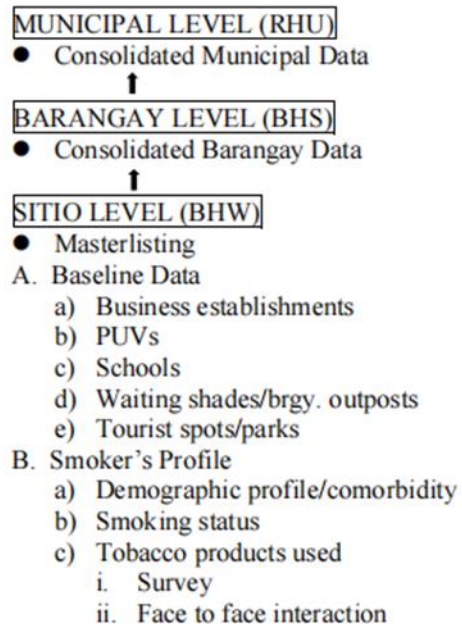
4. Profile of Individual Violator/s
 - a. Demographic Profile
 - b. Type of violation
 - c. # of offense (1st,2nd,3rd)
 - d. Amount/Penalty
 - e. Place and date of apprehension
 - f. Apprehending Enforcer
 - g. Citation Ticket Number
 - h. OR Number

5. Profile of Business Establishment Violators
 - a. Demographic Profile of Owner
 - b. Name, Type, and address of the establishment
 - c. Type of violation
 - d. # of offense (1st,2nd,3rd)
 - e. Amount/Penalty
 - f. Place and date of apprehension
 - g. Apprehending Enforcer
 - h. Citation Ticket Number

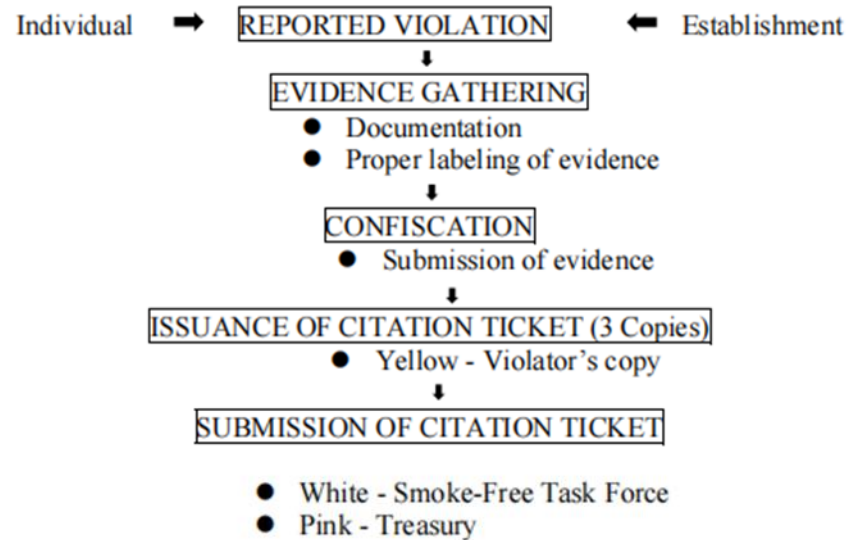
- i. OR Number
 - j. Business Permit Number
 - k. Distance from 100m perimeter of facility frequented by minors
 - l. Classification if allowed/not allowed to sell tobacco products
6. Tracking of violator's payment/processing of fine/penalty
- a. Attendance/Participation in smoke cessation activity (Referrals)
 - b. Participation in community service
 - c. Payment of fines/penalties (OR)

III. RECORDING AND REPORTING PROCESS FLOW

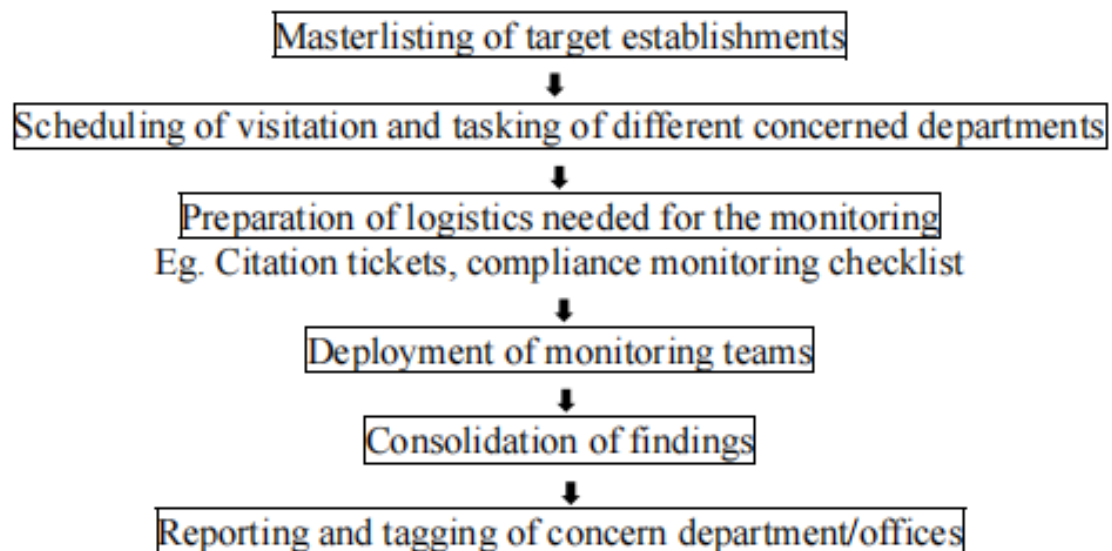
GROUP 1: DATA GATHERING



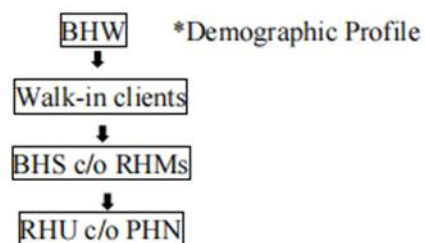
GROUP 2: APPREHENSION & CITATION TICKET



GROUP 3: ENFORCEMENT COMPLIANCE MONITORING FLOW



GROUP 4: SMOKER'S REGISTRY



ANNEX A: RECORDING AND REPORTING TOOLS

Profile of Business Establishment Violators								
NAME OF OWNER	ADDRESS OF ESTABLISHMENT	TYPE OF VIOLATION	NO. O OFFENSE	AMOUNT/PENALTY	PLACE AND DATE OF APPREHENSUION	CITATION TICKET NUMBER	OR NUMBER	BUSINESS PERMIT NO

Profile of Individual Violators

NAME	AGE	SEX	TYPE OF VIOLATION	NO. OF OFFENSE	AMOUNT PENALTY	PLACE OF APPREHENSION	DATE OF APPREHENSION	NAME ENFORCER	CITATION TICKET NUMBER	OR NUMBER

Smoke Free Barangay Compliance Form

Name of Barangay: _____ For the month of: _____

Date of Visit	Name of Facility/ Name of Owner	Line of Business	Permit		Perimeter	Observations						Actions of the Monitoring Team				Remarks	
			Business Permit Number/ Assessment Number	Permit to Sell Cigarette		Establishment within 100m of restricted places	Signage (No Smoking/Vaping) (No Selling to Minors)	Cigarette/Vape Advertisement posted	Cigarette/Vape visibly displayed	Selling Cigarette per Stick	Allowing, Abetting or toletaing smoking/vaping	Instructing Minor to light, use, sell, distribute, advertise, promote	Provided IEC Mat'l's (Poster, flier, sticker)	Issued Citation Ticket (Write amount/citation ticket no.)	Advised Repainting/Removing of Cigarette/Vape Ads in Establishments & Vehicles		Advised to surrender CIGARETTE permit
1																	
2																	
3																	
4																	

Smoke Free Barangay Data Base

Smoke Free Barangay Data Base			
Name of Barangay: _____			
Number of Public Schools:			
Number of PUV Terminals:			
Number of Play ground/ Public Parks:			
Number of Gymnasium:			
Number of Waiting Shed:			
Number of Barangay Outpost:			
Number of Police Stations:			
No.	Business Establishments	Classification	SF Compliant?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

IV. Enforcement

No. of Incident Reports Received	No. of Validation Visits Conducted	No. of Warning Notices Issued	No. of IEC Materials Distributed	No. of Citation Tickets Issued	Penalties collected	
					Amount Collected Community	Served Service

V. Governance

Date	Venue	Activity <i>(Specific Activities, Policy Makings, Development of IECs, Planning, etc.)</i>	No. of Participants	Conducted by:

Note: Submit this form every 5th of the Month to your respective sanitary inspector or send to _____ Keep a copy for your barangay

CERTIFICATION

This is to certify that the establishment (name of store/establishment_____) under the name of _____ with postal address _____, Baguio City is **NOT** within the 100 meters absolute ban areas under the Smoke Free Ordinance 34 s 2017 (*Selling or distributing tobacco products and/or ENDS in a school, public playground or other facility frequented by minors, offices of the Department of Health and attached agencies, hospitals and health facilities, or within 100 meters from any point in the perimeter of these places*) after the ocular visit conducted by member of the Barangay Health Sanitation Team.

The abovementioned establishment can apply for permit to sell cigarette.

This certification is issued for whatever legal purpose it may serve.

Issued this _____ day of _____, 20__ at _____

Barangay Captain

SMOKE-FREE TASK FORCE COMPLIANCE MONITORING TOOL

NAME OF ESTABLISHMENT: _____

Address: _____

Barangay: _____

Person in Charge (name and position): _____

Nature of Business: _____

Date Monitored: _____

Dates of previous monitoring visit done
(if not the first time to be monitored for the year): _____

COMPLIANCE CHECKLIST	YES	NO	ACTIONS TAKEN/REMARKS
SMOKE-FREE ENVIRONMENT			
1. <u>No Smoking or vaping done</u> in enclosed or partially enclosed public places, workplaces, public conveyances (whether mobile or stationary), or other public places			
2. For person-in-charge does not allow, abet, or tolerate smoking or vaping in places except in DSA			
ACCESS RESTRICTION to:			
1. Selling or distributing tobacco products and/or ENDS to minors;			
2. Purchasing tobacco products and/or ENDS from minors			
3. Ordering, instructing or compelling a minor to use, light up, buy, sell, distribute, deliver, advertise or promote tobacco products and/or ENDS			
4. Selling or distributing tobacco products <u>within 100 meters from any point in the perimeter of these places</u> school, public playground or other facility frequented by minors, offices of the Department of Health (DOH) and attached agencies, hospitals and health facilities,			
5. Selling within premises of a government facility;			
6. Selling without a municipal permit to sell tobacco products or ENDS;			
7. Selling individual pieces or per stick			
8. Selling tobacco products removed from its original product packaging			
9. Selling by ambulant or street vendors, including other mobile or temporary stalls, kiosks, stations or units;			
10. Selling or distributing of sweets, snacks, toys or any other objects in the form of tobacco products which may appeal to minors;			
COMPREHENSIVE BAN ON TOBACCO ADVERTISING, PROMOTION AND SPONSORSHIP			
1. NO placing cinema or outdoor advertisements of tobacco products and/or ENDS;			
2. NO placing, posting, displaying or distributing advertisement and promotional materials leaflets, posters, display structures and other materials			
3. NO placing, posting, displaying or distributing advertisement and promotional materials, that show a tobacco/ENDS brand's name (including company name), logo or indicia, such as in a point-of-sale establishment, where minors are allowed entry			

4. NO conduct of promotional activities, campaigns, events, product sampling, and the like.			
5. NO displaying and placing tobacco products and/or ENDS in open store shelves/racks			
6. NO facilitation, participation or partnership engaged by any government official or personnel, in any form of contribution, sponsorship activity, event, program or project either directly or indirectly.			
PERSON IN CHARGE COMPLIANCE TO THE DUTIES			
1. Prominently post and display the “ No Smoking ” signage, which may include a “No Vaping” in the locations most visible to the public in the areas where smoking and vaping is prohibited at the entrance of the area, where size shall be at least 8 x 11 inches.			
2. Prominently post and display the “No Smoking” and “No Vaping” signage in the most conspicuous location within the public conveyance . At the very least, a three and a half (3.5) square inch “No Smoking” and “No Vaping” signage shall be placed on the windshield and a ten (10) square inch “No Smoking” sign at the driver’s back seat;			
3. Remove from the places where smoking is prohibited all ashtrays and any other receptacles for disposing of cigarette refuse;			
4. Has a DSA certification/permit from the duly authorized officer or representative of the Civil Service Commission (for government offices); and City Health Services Office for private establishments			
5. Public playgrounds or other facilities frequented by minors, offices of the DOH and attached agencies, hospitals and health facilities, should post ‘ SELLING, ADVERTISING AND PROMOTING CIGARETTES OR OTHER TOBACCO PRODUCTS INCLUDING E-CIGARETTES NOT ALLOWED WITH 100 METERS FROM ANY POINT IN THE PERIMETER OF (name of facility) ”			
6. Children below eighteen years of age not allowed to liter, stay or be seated at designated smoking areas			
7. Selling, advertising and/or promotion located within 100 meters from perimeter of areas where smoking is prohibited			
8. All forms of tobacco or ENDS advertisement/promotions paraphernalia deemed prohibited by this Ordinance are removed;			
9. Has secured approval from the City Health Office for storages or containments of tobacco products and/or ENDS.			
10. Has an established internal procedure and measures through which this Ordinance shall be implemented and enforced within the area of which he or she is in charge.			
11. Ensure that all the employees in the establishment are aware of this Ordinance and the procedure and measures for implementing and enforcing it;			

<p>12. Allow inspectors acting under <i>Sections 14 and 15</i> hereof, which may include other members of the Task Force and the designated civil society organization under <i>Section 16</i>, entry into the establishment or public conveyance during regular business hours for the purpose of inspecting its compliance with this Ordinance;</p>			
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NOTES/AGREEMENTS:

“This is to acknowledged that I was informed of the results of the Smoke free compliance monitoring results conducted and appropriate action points were discussed”

Name and Signature	Position	Date

Compliance Monitoring Team Members: _____ Date: _____

1. _____
2. _____
3. _____

SMOKING CESSATION COUNSELLING FORM

Name of client:		Birthday:	
Address:		Age:	
Contact Number:		Sex:	
School:	Work:	Others:	Status:
Started Smoking at what age: How long (number of years of smoking):	Smoker in the family?	How smoking started?	How many in a day (minimum and maximum) Assess Nicotine Dependence (see back page)
Have you tried quitting?	Quitting experience	ADVISE: FIRST HAND (Effects of smoking to self)	ADVISE: SECOND AND THIRD HAND SMOKE: (Effects of smoking to others as observed by patient:
READINESS TO QUIT IN THE NEXT 30 DAYS? Make a plan (Pre-Contemplation, Contemplation, Preparation, Action and Maintenance/Relapse)			
Set a quit date:	Tell families and friends: Who and when to tell about the plan. Seek Help.	Anticipate Challenges:	Remove tobacco:
NOT READY? (5 Ds': Delay, Drink Water, Deep Breathing, Distract, Divine Intervention)			
Hindering factors for quitting:	Risk Factors:	Rewards (to include economic) Benefits of quitting:	What would motivate you to stop?
Re-assess readiness to quit	Negotiate and Plan		
RECENT QUITTER: Prevent relapse (5R's: Relevance, Risks, Rewards, Roadblocks, Repetition)			
Congratulate	Encourage	Discuss benefits	Address negative effects
FOLLOW-UP: (5R's: Relevance, Risks, Rewards, Roadblocks, Repetition)			
Check up the plan if achieved:	Follow up after 2 weeks then monthly:	Difficulties:	Successes:

COMMITMENT TO STAY TOBACCO-FREE (QUIT CONTRACT)

We (name of patient) _____ and (name of treatment partner) _____ agree to work together to help _____ to quit smoking starting on _____ (date), following smoke-free reasons:

- 1. _____
- 2. _____
- 3. _____

Patient's name and signature
signature

Health Worker's name and

Treatment Partner's name and signature

NICOTINE DEPENDENCE

How soon after you wake up do you smoke your first cigarette?	After 60 minutes	0
	31-60 minutes (1mg)	1
	6-30 minutes (2mg)	2
	Within 5 minutes(2mg)	3
Do you find it difficult to refrain from smoking in places where it is forbidden?	No	0
	Yes	1
Which cigarette would you hate it most to give up?	The first in the morning	1
	Any Other	0
How many cigarettes per day do you smoke?	10 or less	0
	11-20 (1mg)	1
	21-30 (2mg)	2
	31 or more (2mg)	3
Do you smoke more frequently during the first hour after waking up than during the rest of the day?	No	0
	Yes	1
Do you smoke even if you are ill that you're in bed most of the day?	No	0
	Yes	1
TOTAL SCORE		

Level of dependence on Nicotine (___)

0 No dependence	5 Medium dependence	Refer for Nicotine Replacement Therapy if score is 7.
1-2 Very Low Dependence	6-7 High dependence	
3-4 Low Dependence	8-10 Very High dependence	

Patient Medical History: (note: *if one of the following is present NRT is not recommended*)

Cardiac Disease Recent Myocardial Infar

Irregular heart rate

Peptic Ulcer Disease Uncontrolled Hypertension Coronary Artery Disease

Treatment regimen: 1mg _____ or 2 mg _____

Date Treatment started: (mm/dd/yy): _____

Agreements and follow-up: Write exact date of start; patient to inform provider number of pastilles taken per day base on the client diary; indicate exact dates of follow-up.

Week mm/dd/yy	Day 01	Day 02	Day 03	Day 04	Day 05	Day 06	Day 07	Follow- up Check up	Pastilles given
1 -									
2 -									
3 -									
4 -									
5 -									
6 -									
7 -									
8 -									
9 -									
10 -									
11 -									
12 -									

Remarks:

Name and Signature of Health Provider: _____

Date: _____

APPLICATION FORM FOR DSA
(Designated Smoking Area)

Attach the following to this form:

1. Business Permit
2. Php _____ - Inspection Fee
3. Submit to _____

Date: _____

Name of Establishment: _____

Address: _____

Person-In-Charge: _____ Nature of Business: _____

Contact Number: _____ Number of Employees: _____

Describe where you intend to place your DSA (*Sketch/Picture at the back*)

DSA Self-Assessment Checklist (Check Appropriate box, if one criterion is not met, grounds for disapproval)

- _____ No minors allowed to smoke and/or buy.
- _____ Outdoor Space: Outside the building with no temporary or permanent roof, no walls.
- _____ Not located in or within ten (10) meters from entrance, exits or any place where people pass or congregate.
- _____ Designated Smoking Area is not larger than 10 square meters.
- _____ Food or drinks are not served in the Designated Smoking Area.
- _____ No building shall have more than one Designated Smoking Area.
- _____ It shall not be located in places where absolute smoking bans are in effect, such as, but not limited

to: centers of youth activity such as playschools, preparatory schools, elementary schools, high schools, colleges and universities, youth hostels and recreational facilities for persons under eighteen (18) years old; elevators and stairwells; locations in which fire hazards are present, including gas stations and storage areas for flammable liquids, gas, explosives or combustible materials; within the buildings and premises of public and private hospitals, medical, dental, and optical clinics, health centers, nursing homes, dispensaries and laboratories, food preparation areas; public conveyances and in enclosed, partially enclosed and outdoor areas of transport terminals that are near entrances and exits or where people congregate; within the buildings of all government facilities and premises of all offices of the Department of Health, Department of Education, Commission on Higher Education, Department of Social Welfare and Development and the Civil Service Commission, and shall likewise include parks, plazas, playgrounds, sports and recreational facilities, and other facilities where an absolute smoking ban is imposed under special laws, administrative and executive orders, memorandum circulars and related policies. (Section 4F, City Ordinance 34s. 2017)

Prepared by: _____ Position: _____
(Signature over Printed Name)

===== To be filled-out by Municipal Health Services Office =====

Findings/ Recommendations/ Results:

Monitored by:

Recommended Approval/Denial

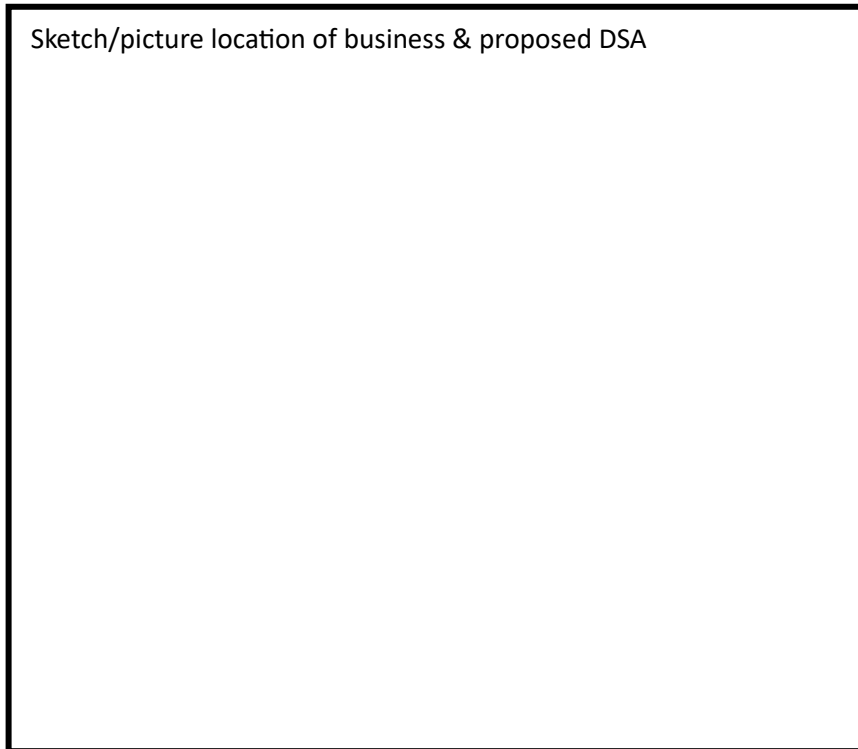
Community Task Force

Sanitary Inspector

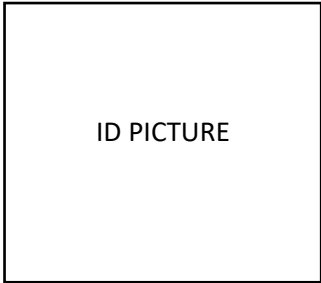
Approved:

Health Officer

Sketch/picture location of business & proposed DSA



SMOKE-FREE ENFORCER'S PROFILE



I. PERSONAL INFORMATION

- 1. NAME: _____
- 2. CITIZENSHIP: _____
- 3. DATE OF BIRTH: _____
- 4. PLACE OF BIRTH: _____
- 5. CIVIL STATUS: _____
- 6. RESIDENCE ADDRESS: _____
- 7. PHONE NUMBER: _____
- 8. E-MAIL ADDRESS / FB ACCOUNT: _____

II. EDUCATIONAL AND TRAINING

- 1. EDUCATIONAL ATTAINMENT: _____
- 2. Training in Smoke-Free or Related to Health and Law Enforcement

TITLE	CONDUCTED BY	YEAR TAKEN

III. WORK EXPERIENCE (CHECK APPROPRIATE ANSWER)

- Self-Employed: nature of business: _____
- Government Employee: (office): _____
- Private: Nature of work: _____
- Others: _____

IV. FAMILY RELATION

- 1. Name of Spouse: _____
- 2. No. of Children: _____

V. HEALTH STATUS

Are you a Smoker Non-Smoker Smoker Quitter Second-Hand

If smoker, How Many Years? _____

If Quitter, Why Did You Quit? _____

If Second-Hand Smoker, How many Years? _____

Do you have any illness? Yes No

If Yes, Please Specify: _____

Smoke-Free Incident Report Form

Name of Barangay: _____

For the Month: _____

Date	Reported Violation	Place of Incident	Date & Time of the Incident	Name & Address of the Establishment/ Individual	Mode of Reporting	Name & Contact No. of the Reporter	Action Taken

SMS

Call

Social Media

Verbal Report

E-mail

Smoke Free Warning Notice

Name of Reported Violator/Establishment: _____ Sex: _____
Age: _____

Address:

Mode of Reporting: ___SMS ___Call ___Visit ___Social Media ___Others:

Violation Filed:

Status and Remarks:

“This is to acknowledge that I was informed of a report made that I was seen violating Ordinance _____ and I was informed of the said Municipal Ordinance and its corresponding penalties”

Name and Signature: _____ Date:

Apprehending Officer: _____
(Name and signature)

Smoke Free Warning Notice

Name of Reported Violator/Establishment: _____ Sex: _____
Age: _____

Address:

Mode of Reporting: ___SMS ___Call ___Visit ___Social Media ___Others:

Violation Filed:

Status and Remarks:

“This is to acknowledge that I was informed of a report made that I was seen violating Ordinance _____ and I was informed of the said Municipal Ordinance and its corresponding penalties”

Name and Signature: _____ Date: _____

Apprehending Officer: _____

(Name and signature)

Smoke Free Referral Slip

Date: _____
Name of Client: _____
Age: ____ Sex: ____
Address: _____
Reason for Referral:
__ Human Resource Department Action
__ Smoking Cessation Program
__ For Health Assessment
__ Counseling for Minors
__ Community Work
Others: _____

Referred by:

Name: _____
Address/Brgy: _____

=====

Return Slip to Enforcer:

Received by: _____
Action Taken: _____

Name and Signature and Company

Smoke Free Referral Slip

Date: _____
Name of Client: _____
Age: ____ Sex: ____
Address: _____
Reason for Referral:
__ Human Resource Dept. Action
__ Smoking Cessation Program
__ For Health Assessment
__ Counseling for Minors
__ Community Work
Others: _____

Referred by:

Name: _____
Address/Brgy: _____

=====

Return Slip:

Client Received by: _____
Action Taken: _____

Name and Signature and Company

Smoke Free Referral Slip

Date: _____
Name of Client: _____
Age: ____ Sex: ____
Address: _____
Reason for Referral:
__ Human Resource Department Action
__ Smoking Cessation Program
__ For Health Assessment
__ Counseling for Minors
__ Community Work
Others: _____

Referred by:

Name: _____
Address/Brgy: _____

=====

Return Slip:

Client Received by: _____
Action Taken: _____

Name, Signature and Company

