



Public Health Division
Health Promotion and Chronic Disease Prevention
Tobacco Prevention and Education Program
Phone: 971-673-0984

Enclosed Area (EA) Review Form

Oregon Indoor Clean Air Act
(ORS 433.835-875 and 433.990(5))

County:
Workplace or public place name:
Address:
Potential Enclosed Area Description:
Enclosed area* <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Rationale:</u>



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Notes:

Completed by:

Date:

*Based on the conditions as documented on the date of inspection. Any changes to the potential enclosed area could change whether the area constitutes an enclosed area.