

元智大學違反菸害防制辦法告發通報表

Yuan Ze University Reporting Form for Violations of Tobacco Hazards Prevention Regulations

姓名 Name		類別 Type	<input type="checkbox"/> 學生 Student <input type="checkbox"/> 教職員 Faculty and Staff <input type="checkbox"/> 校外人士 Outsiders
系級 Department Level		學號 Student ID	
電話 Phone Number		日期 Date	年 月 日 Year/Month/Day
違規經過 Violation Description	違規時間 Violation Time	時 分 Hour/Minute	
	違規地點 Violation Location		
	違規悔悟/悔意 Violation Remorse		
	違規人簽名 Violator Sign		
備註	一、違規吸菸者若為教職員工、校外人士、廠商，表件請繳交至環安衛中心，分案辦理。(請填寫姓名及電話/分機) 1. For faculty, staff, visitors, or contractors found violating smoking regulations, submit the form to the Environmental Protection and Occupational Safety and Health Center for further processing. (Include contact info). 二、違規吸菸者若為學生，表件請繳交至學務處衛保組，分案處理。 2. For students found violating smoking regulations, submit the form to the Sanitary and Health Care Section for further processing.		

115.03.27 修訂

送件單位：

通報人：