Secondhand Smoke Exposure Log

| Experienced b | v Resident: | Unit: | |
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| Date of Exposure Record Each Incident | Time of Exposure Example: 9pm- 11pm | Location Where in the building or your unit are you being exposed? | Symptoms How did the secondhand smoke affect you? | Action Taken/Notes Did you: Run a fan? Talk to the smoker? Talk to the manager? Seal off a vent? Close a window? |
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