

## CLEAN INDOOR AIR ACT WAIVER CRITERIA

The establishment **must comply** with the following **three phases**:

### **PHASE I:**      **QUALIFICATION**

(1) **WAIVER APPLICATION** submission detailing criteria to substantiate a claim under:  
**1399-u.-1.(a) compliance with a specific provision would cause undue financial hardship**, including but not limited to documentation demonstrating how any and all undue financial hardship is directly related to the Clean Indoor Air Act. Provide all supporting documentation.

#### **OR**

**1399-u.-1.(b) other factors which would render compliance unreasonable**, including any issue or information the establishment justifiably sets forth demonstrating compliance is unreasonable.

#### **AND**

(2) **APPLICATION FEE** in the amount of \$210.00 must accompany the application. Please make check payable to the Rockland County Commissioner of Finance.

### **PHASE II:**      **MITIGATION**

(3) **WAIVER PLAN** developed acknowledging that:  
**1399-u.2.** every waiver granted will be subject to conditions or restrictions as may be necessary to minimize the adverse effects of the waiver upon persons subject to involuntary exposure to second-hand smoke and to ensure the waiver is consistent with the general purpose of this article. Plan must include:

- ventilation system designed as described on page 5.

#### **AND**

- other methods deemed to afford compliance with this provision

(4) **WAIVER PLAN REVIEW FEE** in the amount of \$210.00 must accompany the plan for the ventilation system. A NYS Licensed Engineer or Architect shall be responsible for the installation and certify the operation of the ventilation system.

### **PHASE III:**      **IMPLEMENTATION [within 15 days of receipt of WAIVER you MUST:]**

(5) **NOTIFY ALL EMPLOYEES** advising that your establishment has been granted a WAIVER per your request. You must make your plan to be consistent with the general purpose of the law, which is to limit the adverse effects of second-hand smoke available to all employees. You must submit a list of all employees annually upon renewal of the waiver.

(6) **POST A NOTICE** advising the general public that your establishment has been granted a WAIVER per your request. The posted NOTICE must indicate that any member of the public may contact the Rockland County Department of Health to register a complaint in the event that your plan to limit the adverse effects of second-hand smoke is ineffective.

**A waiver is conditional and subject to revocation upon non-compliance, failure to implement a plan, complaints or other reasons deemed appropriate by the Rockland County Commissioner of Health.**