C+M

R	OUTIN	G AND	RECOR	D SHEET				
SUBJECT: (Optional)								
Agency No-Smoking Pol	Licy,	Recomme		esignated Areas				
FROM				OL 4024 87				
C/IMSS/OL				DATE				
				3 March 1987				
TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)				
1. EXA/DDA	RECEIVED	FORWARDED						
1. EXA/DDA				Per your request, attached is a recommended				
7D24 Hqs				listing of restrooms in				
2.				Agency occupied external buildings which could be				
				selected as "Designated				
3.				Smoking Areas". Most				
				external buildings occupied by Agency				
4 .				employees are monitored by				
				EBOB/RECD/OL, Building, which has				
5.				selected the restrooms on				
				the attachment.				
6.								
7.								
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FORM 610 USE PREVIOUS

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25X1

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01 March 1987

25X1 FROM:	
Planning Officer, IMSS/OL	
SUBJECT: No-Smoking Policy Recommended Designated Areas	
REFERENCE: Agency OSHC Meeting 17 February 1987	
1. Per your request the following is a listing of Age occupied external buildings in the Washington Metropolitia and the recommended restrooms which could serve as "design smoking areas." Please disregard the former listing.	in area
Ames Bldg	
2nd, 5th, 7th, 9th and 11th floors	
25X1	
Chamber of Commerce Bldg.	
1st, 3rd, 5th, 7th, 9th and 11th floors	
25X1	



SUBJECT: No-Smoking Policy

1 - OL Files
1 - OL Reader
1 - IMSS Official
1 - IMSS Chrono

OL/IMSS/JS:dr/

25X1

2.	mba fallo	ina	facilities	ωi11 h	e subject	to GSA op	era
	ent and sign	gnage	:	WIII			
	itral						
Eas	st						
4.	If additi		informatio	n is re	quired, pl	ease cont	act
4.	If additi	onal or	informatio	n is re	quired, pl OB/RECD/OL	ease cont	act
4.	If additi		informatio	n is re	quired, pl OB/RECD/OL	ease cont	act
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4.	If addition		informatio	n is re	quired, pl OB/RECD/OL	ease cont	act

3 CONFIDENTIAL

(1Mar87)