

**Clean Indoor Air – Observational Study  
Restaurant Checklist**

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Day of the week: (Circle one: Thursday Friday Saturday)

Date of Observation: \_\_\_\_\_

Time of Observation: (Observation should be conducted in the evening) \_\_\_\_\_

Restaurant Name: \_\_\_\_\_

Restaurant Address: \_\_\_\_\_

\_\_\_\_\_

County that Restaurant is located in \_\_\_\_\_

Observer Name: \_\_\_\_\_

What is the maximum legal occupancy of this restaurant?	_____ Legal occupancy as posted
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Dining Area Observations

Did wait staff inquire if you wanted to be seated in a smoking or non-smoking section?

\_\_ Yes \_\_ No

How many patrons can be seated in this area?

\_\_\_\_\_ Number of seats

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		Circle the appropriate response or fill in the correct number	
1.	Is there anyone smoking in the smoking section of the dining area?	Yes	No
2.	Is there anyone smoking in the non-smoking section of the dining area?	Yes	No
3.	If yes to Question 1 or 2, how many people were observed smoking in both areas combined?	_____ Total number of people observed smoking	
4.	Is cigarette smoke visible in the air?	Yes	No

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5.	If yes to Question 4, rate how much smoke is present: Light smoke (wisps of smoke can be seen) Moderate (moderately visible) or Heavy (thick smoke is obvious )	Light	Moderate	Heavy
6.	Do you detect the odor of cigarette smoke?	Yes		No
7.	If yes to Question 6, rate how strong the odor of cigarette smoke is: Light (slight odor) Moderate (moderate odor) or Heavy (strong odor)	Light	Moderate	Heavy
8.	If yes to Question 6, is the odor of smoke stale (from cigarettes smoked earlier) or fresh (from cigarettes smoked recently)?	Fresh		Stale
9.	Are there signs posted that designate smoking areas and/or non-smoking areas?	Yes		No
10.	Are there ashtrays visible in the restaurant?	Yes		No
11.	Are there any items that indicate tobacco brands or tobacco company sponsorship (e.g., napkins, coasters, signs, etc.)? Please list the items:	Yes		No

Restaurant Bar Area Observations

Is there a bar in this restaurant?  Yes  No

If Yes, complete the remainder of the questions in this section.

Is smoking permitted in the bar area of this restaurant?  Yes  No

How many patrons can be seated in this area? \_\_\_\_\_ Number of seats

		Circle the appropriate response or fill in the correct number		
1.	Is there anyone smoking in this area?	Yes	No	
2.	If yes to Question 1, how many people were observed smoking?	_____ Number of people observed smoking		
3.	Is cigarette smoke visible in the air?	Yes	No	
4.	If yes to Question 3, rate how much smoke is present: Light smoke (wisps of smoke can be seen) Moderate (moderately visible) or Heavy (thick smoke is obvious )	Light	Moderate	Heavy
5.	Do you detect the odor of cigarette smoke?	Yes	No	
6.	If yes to Question 5, rate how strong the odor of cigarette smoke is: Light (slight odor) Moderate (moderate odor) or Heavy (strong odor)	Light	Moderate	Heavy
7.	If yes to Question 5, is the odor of smoke stale (from cigarettes smoked earlier) or fresh (from cigarettes smoked recently)?	Fresh		Stale
8.	Are there signs posted that designate smoking areas and/or non-smoking areas?	Yes	No	
9.	Are there ashtrays visible in the bar area of this restaurant?	Yes	No	
10.	Are there any items that indicate tobacco brands or tobacco company sponsorship (e.g., napkins, coasters, signs, etc.)? Please list the items:	Yes	No	

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Waiting Area Observations

Is there a waiting area in this restaurant?  Yes  No

If Yes, complete the remainder of the questions in this section.

Is smoking permitted in the waiting area of this restaurant?  Yes  No

		Circle the appropriate response or fill in the correct number		
1.	Is there anyone smoking in this area?	Yes		No
2.	If yes to Question 1, how many people were observed smoking?	_____ Number of people observed smoking		
3.	How many people were waiting when this observation was conducted?	_____ Number of people waiting in the waiting area		
4.	Is cigarette smoke visible in the air?	Yes		No
5.	If yes to Question 4, rate how much smoke is present: Light smoke (wisps of smoke can be seen) Moderate (moderately visible) or Heavy (thick smoke is obvious )	Light	Moderate	Heavy
6.	Do you detect the odor of cigarette smoke?	Yes		No
7.	If yes to Question 6, rate how strong the odor of cigarette smoke is: Light (slight odor) Moderate (moderate odor) or Heavy (strong odor)	Light	Moderate	Heavy
8.	If yes to Question 6, is the odor of smoke stale (from cigarettes smoked earlier) or fresh (from cigarettes smoked recently)?	Fresh		Stale

Restaurant Observational Checklist

Outdoor Seating Area

Is there an outdoor seating section of this restaurant?  Yes  No  
 If Yes, complete the remainder of the questions in this section.

Is smoking permitted in the outdoor seating area of the restaurant?  Yes  No

How many patrons can be seated in this area? \_\_\_\_\_ Number of seats

		Circle the appropriate response or fill in the correct number		
1.	Is there anyone smoking in this area?	Yes	No	
2.	If yes to Question 1, how many people were observed smoking?	_____ Number of people observed smoking		
3.	Is cigarette smoke visible in the air?	Yes	No	
4.	If yes to Question 3, rate how much smoke is present: Light smoke (wisps of smoke can be seen) Moderate (moderately visible) or Heavy (thick smoke is obvious )	Light	Moderate	Heavy
5.	Do you detect the odor of cigarette smoke?	Yes	No	
6.	If yes to Question 5, rate how strong the odor of cigarette smoke is: Light (slight odor) Moderate (moderate odor) or Heavy (strong odor)	Light	Moderate	Heavy
7.	If yes to Question 5 is the odor of smoke stale (from cigarettes smoked earlier) or fresh (from cigarettes smoked recently)?	Fresh	Stale	
8.	Are there ashtrays visible in the outdoor seating area of this restaurant?	Yes	No	
9.	Are there signs posted that designate smoking from non-smoking areas?	Yes	No	
10.	Are there any items that indicate tobacco company sponsorship (e.g., napkins, coasters, signs, etc.)? Please list the items:	Yes	No	