

**Clean Indoor Air – Observational Study
Bars/Taverns Checklist**

Circle day of the week: (Thursday Friday Saturday)

Date of Observation: _____

Time of Observation: (Should be in the evening) _____

Restaurant Name: _____

Restaurant Address: _____

Observer Name: _____

What is the maximum legal occupancy of this bar/tavern?	_____ Legal occupancy as posted
How many patrons can be seated in this bar/tavern?	_____ Number of seats

Bar Area Observations

		Circle the appropriate response or fill in the correct number		
1.	Is there anyone smoking in this bar/tavern?	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	

Bars/Taverns Observational Checklist

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 bar/tavern?	Yes		No
9.	Are there signs posted that designate smoking from non-smoking areas?	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

Dining Area Observations

Does this bar/tavern have a separate dining area? Yes No
 If Yes, answer the following questions.

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

I

		Circle the appropriate response or fill in the correct number		
1.	Is there anyone smoking in the dining area?	Yes	No	
2.	If yes to Question 1, how many people were observed smoking?	_____ Total 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 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	

Outdoor Seating Area

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

Is smoking permitted in this area? Yes No

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

		Check the correct box or fill in the correct number		
1.	Is there anyone smoking in this area?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Heavy
5.	Do you detect the odor of cigarette smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Heavy
7.	Are there ashtrays visible in the outdoor seating area of the bar/tavern?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8.	Are there signs posted that designate smoking from non-smoking areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9.	Are there any items that indicate tobacco brands or tobacco company sponsorship (e.g., napkins, coasters, signs, etc.)? Please list the items:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	