

Observation of Outdoor Dining Areas

IMPORTANT: Schedule *follow up observations* on the same day of the week and about the same time as the first observation!

Date: ____/____/____		Day of the Week: Sun Mon Tues Wed Thur Fri Sat				Time: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Observer(s): _____				Observation #: 1 2 3			
Venue: _____							
Address: _____			City: _____		Ph: _____		
Venue Prices: <input type="checkbox"/> \$ (no entrees or <\$5) <input type="checkbox"/> \$\$ (\$6 - \$10 entrees) <input type="checkbox"/> \$\$\$ (\$11 - \$15 entrees) <input type="checkbox"/> \$\$\$\$ (\$16+ entrees)							
Venue Type: <i>Restaurant Bar/Restaurant Sidewalk Café-FOOD Sidewalk Café-DRINK</i> Patio Size: _____ number of tables							

Pre-Observation Inquiry about Patio Smoking Policy (by telephone)

Call the venue before conducting the observation. (This will also verify that the place is still in business and there is a patio onsite.)

Ask "Do you have a patio? If so, Is smoking allowed?" Record the response:

- Yes, you can smoke on the patio
- Yes, you can smoke on the patio, but only in the smoking section
- No, you can't smoke on the patio
- No, we don't have a patio

Observed Smoking Policy Enforcement

1. Does this venue allow smoking on the patio:
 - a. No, not at all
 - b. Yes, in some areas
 - c. Yes, anywhere
 - d. We could not tell (*there weren't any signs posted nor was there any evidence of smoking*)
2. Are there **No Smoking** signs posted on the patio? NO YES → If yes, how many? _____
3. If yes, locations of signs: _____

Evidence of Smoking

Ashtrays? Yes No Cigarette litter? Yes No Smell smoke? Yes No

Use of Electronic Smoking Devices Yes No

Counts of Smokers & Patio Patrons

Tally of ALL Patio Patrons <i>(including smokers)</i>	Tally of Smokers (including use of e- cigarettes)
_____ number	_____ number

Patio Environment

Weather: Warm & Sunny Cool & Cloudy Rainy Patio heater in use? Yes No

Employees: on patio constantly on patio occasionally not on patio

Comments (Write down observations such as approximate age of smokers, if signs include electronic cigarettes etc.):