**OBSERVATIONAL CHECKLIST FOR TOBACCO-USE ON-CAMPUS IN OUTDOOR AREA**

**PRIOR TO IMPLEMENTATION**

* **Start with a detailed map of the entire campus or campuses**
* **Mark locations where tobacco use may be occurring**
* **Conduct observations for each location. Consider conducting observations at multiple times during the day/evening**
* **Complete an observation form (below) for each location**

**Background Information**

Building/Campus Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_ / \_\_\_\_\_\_\_

Location of Observation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe weather conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Observation: Start \_\_\_\_\_: \_\_\_\_\_am / pm End: \_\_\_\_\_: \_\_\_\_\_\_ am / pm

**Specific Questions**

1) Is tobacco use permitted in this area?

* Yes
* No

2) If tobacco use is not permitted in this area, are there signs posted clearly stating that the area is tobacco-free?

* Yes
* No
* N/A

3) Do you see people using tobacco in this area?

* Yes
* N0

**If yes,**   
A. How many people do you see using tobacco in this area? # \_\_\_\_\_ people   
B. Who is using tobacco in this area? (Check all that apply.)

* Employees (# \_\_\_\_\_)
* Clients (# \_\_\_\_\_\_)
* Visitors (#\_\_\_\_\_\_)

4) Do you smell cigarette smoke?

* Yes
* N0

**If yes,** approximately how many cigarette butts do you see?

* 1-10
* 11-25
* 26-50
* Too many to count

6) Do you see anyone approaching a person using tobacco and asking them to stop?

* Yes
* No

If yes, please briefly describe the situation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7) Please provide any additional comments you may have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adapted from Louisiana Department of Health and Hospitals’ Tobacco Control Program