Oregon Health Promotion and Chronic Disease Prevention



**Umatilla County Public Health**

**Tobacco Free Properties Observational Assessment**

**Evaluation of a County Tobacco-Free Properties Policy**

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

Department(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

**Note:**

* Conduct a separate observational assessment for each location.
* Consider conducting observations at multiple times during the day/evening.
* It may be helpful to obtain information by walking into the building you are assessing and asking the front desk staff, security guards, or other staff that work in the building property questions such as:
1. If somebody asks, where do you suggest they go to smoke?
2. Where did people smoke before the policy was in place?
3. Have you seen changes after the policy has been in place?
* Record the answers in the “notes” section on page 10.



**Preparation:**

1. **In Google Maps, get a screenshot of the area you are assessing and include ½ inch surrounding the perimeter of the property. Be sure that the cross streets are shown, this will help orient you throughout the study.**
* **Get a screenshot of the area.**
* **Paste the screenshot onto an 8½ x 11in page.**
	+ - **Expand the screenshot to full-page and print for marking.**
* **Paste a screenshot of the Google Earth map on page 2 for reference.**
* **Paste a screenshot of the Google Map on page 2 for reference.**
1. **Draw the perimeter of the parking lots on both Google Maps by referring to the Google Earth Map.**
2. **Find out if you will need permission to get into certain areas (i.e.: property surrounding a jail). When you ask for permission, you may not want to give an exact time you will be observing, but a short period of time of when you want to/plan to observe the area (i.e.: within the next two weeks).**

**Reference Screenshots:**

**Assessment:**

**Before starting the assessment, place an \* on the map and indicate with an arrow (🡪) which direction around the building you moved and observed the following areas:**

1. **Entrances:**
	1. **An entrance is the area starting at the doorway and extending 10ft in any direction.**
	2. **Mark each entrance with an E on the map and number the entrances (E1, E2, E3, etc.).**
	3. **Refer to the table on page 5 to include information regarding ashtrays, cigarette butts, tobacco users and signage.**
2. **Common/sitting areas:**
	1. **The common sitting areas’ boundaries should be extending 10ft in any direction.**
	2. **Be sure to draw the perimeter of the sitting area. Common areas may overlap with other areas. The drawn perimeter will help identify the boundaries between the two areas (i.e.: a sitting area next to an entrance).**
	3. **Mark each common/sitting area with a C on the map and number the areas (C1, C2, C3, etc.).**
	4. **Refer to the table on page 6 to include information regarding ashtrays, cigarette butts, tobacco users and signage.**
3. **Parking Lots:**
	1. **Mark each parking lot with a P on the map and number the parking lots (P1, P2, P3, etc.).**
	2. **Walk around each parking lot and make sure the outline of the parking lot is on your map.**
	3. **Refer to the table on page 7 to include information regarding ashtrays, cigarette butts, tobacco users and signage.**
	4. **If you saw smokers, indicate on the table if they were in their car or not.**
4. **Other Areas of Tobacco Use:**
	1. **These areas extend 10ft in any direction.**
	2. **Mark each of these other areas with a T and number the areas (T1, T2, T3, etc.).**
	3. **These areas can have any type of indication of tobacco use and these areas must not fit within the definition of previously stated areas.**
	4. **Refer to the table on page 8 to include information regarding ashtrays, cigarette butts, tobacco users and signage.**
5. **Property Perimeter:**
	1. **After you have walked and documented the entire property, walk around the property’s perimeter to observe any smoking that is near the property, but not on the property.**
	2. **These areas extend 10ft in any direction.**
	3. **Mark each of these smoking areas outside the property with an OT and number the areas (OT1, OT2, OT3, etc.).**
	4. **Refer to the table on page 9 to include information regarding ashtrays, cigarette butts, tobacco users and signage.**

**Notes:**

**During your assessment, take pictures of any problem areas or other interesting findings (e.g., lack of signage, ashtrays on the property). Do not take pictures of people who are smoking.**

**S=Signage, indicate the quantity you observed (i.e.: if there were four seen: S4)
A=Ashtray**

**B=Cigarette butts, indicate the quantity you observed (i.e.: if there were 2 seen: B2)**

**U=Tobacco Users, indicate if they are an employee, visitor, or unknown**

**As you are walking around the property, look for entrances, common/sitting areas, parking lots, and other areas of tobacco use. Keep a tally of the overall amount of ashtrays, cigarette butts, and signs you see on the property.**

**After your observations are complete, fill out pages 5 - 10 with the information you placed on your map.**

**Map Key**

**E = Entrance**

**P = Parking Lot**

**C = Common Area**

**T = Other Area of Tobacco Use**

**OT = Off Campus Smoking Area**

**S = Signage**

**A = Ashtray**

**B = Cigarette Butts**

**U = Tobacco Users**

**1. Entrances (area within 10ft of an entrance)**

**Mark the entrances with an “E” and a number (E1, E2, E3, etc.) on the map. If you saw signs of smoking, indicate which entrance and input the data into the table.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **E #** |  Ashtrays |  Cigarette Butts |  Tobacco Users |  Signage |
| E1 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| E2 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| E3 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| E4 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| E5 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| E6 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| E7 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| E8 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| E9 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| E10 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |

**OPTIONAL:** If you saw people smoking, were they:

* Employees # \_\_\_\_\_
* Clients # \_\_\_\_\_\_
* Visitors #\_\_\_\_\_\_
* Unknown #\_\_\_\_\_\_
* No one was smoking

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Common/Sitting Areas**

**Mark every common/sitting area with a “C” and a number (C1, C2, C3, etc.) on the map. If you saw signs of smoking, indicate which common/sitting area and input the data into the table.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C #** |  Ashtrays |  Cigarette Butts |  Tobacco Users |  Signage |
| C1 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| C2 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| C3 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| C4 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |

**OPTIONAL:** If you saw people smoking, were they:

* Employees # \_\_\_\_\_
* Clients # \_\_\_\_\_\_
* Visitors #\_\_\_\_\_\_
* Unknown #\_\_\_\_\_\_
* No one was smoking

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Parking Lots**

**Mark the parking lots with a “P” and a number (P1, P2, P3, etc.) on the map. If you saw signs of smoking, indicate which parking lot and input the data into the table.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **P#** |  Ashtrays |  Cigarette Butts |  Tobacco Users |  Signage |
| P1 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| P2 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| P3 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| P4 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| P5 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |

**OPTIONAL:** If you saw people smoking, were they:

* Employees # \_\_\_\_\_
* Clients # \_\_\_\_\_\_
* Visitors #\_\_\_\_\_\_
* Unknown #\_\_\_\_\_\_
* No one was smoking

If you saw people smoking, were they:

* In their Car # \_\_\_\_\_
* Not in their Car # \_\_\_\_\_\_

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Other areas where there are indications of tobacco use**

**Mark every other area that had indications of tobacco use with a “T” and a number (T1, T2, T3, etc.) on the map. Indicate in the table if there were any ashtrays, cigarette butts, tobacco users, or signage in each of these areas.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  Ashtrays |  Cigarette Butts |  Tobacco Users |  Signage |
| T1 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| T2 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| T3 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| T4 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| T5 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| T6 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |

**OPTIONAL:** If you saw people smoking, were they:

* Employees # \_\_\_\_\_
* Clients # \_\_\_\_\_\_
* Visitors #\_\_\_\_\_\_
* Unknown #\_\_\_\_\_\_
* No one was smoking

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Off-Campus Smoking (near the perimeter of the county property)**

**Mark every off-campus smoking area with an “OT” and a number (OT1, OT2, etc.) on the map. Indicate in the table if there were any ashtrays, cigarette butts, tobacco users, or signage in each parking lot.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  Ashtrays |  Cigarette Butts |  Tobacco Users |  Signage |
| OT1 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| OT2 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| OT3 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| OT4 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| OT5 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |
| OT6 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 | * Yes # \_\_\_\_\_\_\_
* No
 |

**Notes:**

In the area below, please include information about the area that had off-campus smoking, such as the buildings in the surrounding areas (e.g., schools, stores), whether the smokers were employees, clients, or visitors, or anything else that could be helpful.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Final Question:**

1) Did you approach a person using tobacco and ask him/her to stop?

* Yes
* No

If yes, please briefly describe the situation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Final Tallies:**

* How many signs were there on the entire property? #\_\_\_\_\_\_\_\_\_\_\_\_\_
* How many cigarette butts were on the entire property? #\_\_\_\_\_\_\_\_\_\_
* How many smokers/tobacco users on the entire property? #\_\_\_\_\_\_\_\_
* How many ashtrays were on the entire property? #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_