

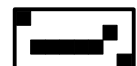


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# Appendix 1: Los Angeles County - Dept. of Health Services California Smoke-Free Bar & Restaurant Survey

|  |  |  |   |
|--|--|--|---|
| <b>SITE INSPECTION STATUS</b>  |  |  |   |
| <input type="radio"/> Completed <input type="radio"/> Out of business <input type="radio"/> Other (specify) _____<br>INSPECTION 1: <input type="radio"/> Closed (visited during non-operating hours)   |  |  |   |
|  |  | <input type="text"/> : <input type="text"/> - <input type="text"/> : <input type="text"/><br><i>Specify weekend hours of operation</i> |   |
| INSPECTION 2: <input type="radio"/> Completed <input type="radio"/> Out of business <input type="radio"/> Other (specify) _____<br><input type="radio"/> Closed (visited during non-operating hours)   |  |  |   |
| <b>Date of Visit</b>   |  | <b>Time In</b>   | <b>Time Out</b>   |
| <input type="text"/> / <input type="text"/> / <input type="text"/>   |  | <input type="text"/> : <input type="text"/>  | <input type="text"/> : <input type="text"/>   |
|  |  | <b>License Type</b>  |   |
| <b>Inspector 1</b>   |  | <b>Inspector 2</b>   |   |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>          |   |
| <b>SITE OBSERVATION</b>  |  |  |   |
| 1. Are clear and prominent "No Smoking" signs posted at each entrance?   |  |  | <input type="radio"/> Yes <input type="radio"/> No  |
| 2. Are ashtrays present inside the premises?   |  |  | <input type="radio"/> Yes <input type="radio"/> No  |
| 3. Are there any patrons smoking inside the premises?  |  |  | <input type="radio"/> Yes <input type="radio"/> No  |
| 4. Are there any employees smoking inside the premises?  |  |  | <input type="radio"/> Yes <input type="radio"/> No  |
| 5. Is there a designated separate outdoor smoking area?  |  |  | <input type="radio"/> Yes <input type="radio"/> No  |
| 6. Are there employee break rooms where smoking is allowed?  |  |  | <input type="radio"/> Yes <input type="radio"/> No  |
| 7. If you have not observed any active smoking, is there other evidence of smoking? (for example, cigarette butts, smell of smoke, packs of cigarettes on the bar, etc.)?  |  |  | <input type="radio"/> Yes <input type="radio"/> No  |
| 8. If yes, specify type of evidence observed _____   |  |  |   |
| <b>IN-PERSON INTERVIEW</b>   |  |  |   |
| 9. What is the total number of workers employed by the establishment?  |  |  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> DK<br><input type="radio"/> RF |
| 10. Are there any tobacco products sold on the premises?   |  |  | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> RF                |
| 11. Are you in favor of repealing the California Smoke-free Workplace law that prohibits smoking in bars and restaurants?  |  |  | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> RF                |
| 12. If yes, what are your reasons for wanting the law repealed? (mark all that apply)  |  |  |   |
| <input type="radio"/> The law has hurt business <input type="radio"/> The law unfairly discriminates against smokers <input type="radio"/> The law forces me to police my customers<br><input type="radio"/> Smoking should be the owner's choice, not the government's <input type="radio"/> Other (specify reason) _____ |  |  |   |
| 13. Are you a current smoker?  |  |  | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <input type="radio"/> RF                |
| 14. Who was interviewed?   |  |  |   |
| <input type="radio"/> Owner <input type="radio"/> Waiter/Waitress <input type="radio"/> Other (specify) _____<br><input type="radio"/> Manager <input type="radio"/> Bartender <input type="radio"/> Interviewee refused to participate  |  |  |   |

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Signature \_\_\_\_\_

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