Food service establishment non-smoking accommodation observational assessment

Inspector Initials: County:	
License/permit number:	
Date (mm/dd/yy):	

1.	Establishment type (circle appropriate response)			
	A. Quick serviceB. Regular sit downC. CafeteriaD. Buffet			
3.	100% smoke-free signs posted	3 Yes (stop here)	No	
	4a Clearly marked with non-smoking signs	4a 🗌 Yes	No No	🗌 NA
	5a. Adjacent to non-smoking area	5a 🗌 Yes	🗌 No	NA NA
	5c. Existing physical barriers (floor to ceiling wall)	5c 🗌 Yes	🗌 No	NA NA
	5e. Service lines, cashier areas, and path to restrooms excluded from smoking area	5e 🗌 Yes	No No	NA NA
7.	Alcohol sales	7 Yes	No No	