



Smoke/Tobacco-Free Policy Assessment Environmental Scan

Instructions

The Environmental Scan should be conducted by 1-3 students or staff **before** a policy is launched. Please review this form beforehand to know what to look for during the Environmental Scan.

Depending on the size of your university/college campus, the completion of this form may take up to a few hours so remember to bring water and wear comfortable shoes.

Follow-up observations should be organized exactly—same month, same day of the week— one-year after the pre-observation. Pre- and post-observations should be conducted during busy times of the year (not in the summer) and during a busy time of the day e.g. during class transition times and/or during lunch.

College/University: _____

Scanner: _____

Role on Campus: Student Faculty Administrator (Dean, VP, etc.)
 Staff Other: _____

Date: _____

Start/Finish Time: _____

Type of Current Policy:

Entryway (e.g., no smoking within 20-ft) Designated Smoking Areas
 Parking Lots Only (or areas in parking lots) Other (please note) _____

A. Signage

1. What types of tobacco use policy signs are currently posted on campus (Please select all that apply):

- Banners
- Window Decals
- Metal Signs
- Floor Signs
- Marquee Signs
- Parking Meter Signs

Other (please describe):

2. Does the signage displayed on campus reflect the current tobacco use policy?

Yes No

Please describe the signage language and graphics.

3. Are there any “no smoking” or tobacco use policy signs posted near:

Buildings Monitored

a. Classrooms? Yes No N/A _____

b. Residential Housing? Yes No N/A _____

c. Student Center? Yes No N/A _____

d. Bookstore? Yes No N/A _____

e. Gymnasium? Yes No N/A _____

f. Library? Yes No N/A _____

g. Eateries? Yes No N/A _____

h. Athletic fields/arenas? Yes No N/A _____

i. Parking Structure? Yes No N/A _____

j. Disabled Parking Lot Areas? Yes No N/A _____

k. Other? (Please describe) _____

B. Campus Environment

1. Please identify the number of individuals smoking or vaping near the following buildings:

	# Smoking Tobacco	# Using E-Cigarettes
Library Building Name:		
Main Administrative Building Building Name:		
Student Union or Cafeteria Building Name:		

2. Are there areas where tobacco users are gathered (hot spots)? Yes No

If yes, please identify areas and number of individuals smoking and vaping.

Hot Spot Location	# Smoking Tobacco	# Using E-Cigarettes

C. Tobacco Litter

1. Where do you currently see ashcans located on campus?

- | | | Buildings Monitored |
|--------------------------------|--|---------------------|
| a. Near doorways? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| b. Within 20-ft. of buildings? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| c. In designated areas? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| d. In parking lots? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| e. Other? (Please describe) | | |

2. Is cigarette litter or other tobacco waste visible...

- | | | Buildings Monitored |
|---|--|---------------------|
| a. Near doorways? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| b. Within 20-ft. of buildings? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| c. In planter boxes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| d. Near storm drains? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| e. In designated areas (if applicable)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| f. In parking lots? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| g. Other? (Please describe) | | |

3. Please identify areas of campus with larger amounts of tobacco litter.

D. Tobacco Waste Cleanup

1. In order to measure change in tobacco waste pre/post policy implementation, please either complete a brief tobacco waste cleanup or report on findings from any tobacco waste cleanups your campus has completed in the last 4 months.

If reporting on campus tobacco waste cleanup conducted within the last 4 months, please note the following:

Date: _____ Length (e.g. 60 minutes): _____

of volunteers: _____ Total # of butts collected: _____

of butts per volunteer per minute: _____

Location(s) of cleanup: _____

Cleanup Notes:

If conducting a brief campus cleanup, please collect cigarette butts from within approximately 20 ft of three high traffic areas on your campus, such as the library, main administrative building, student union or cafeteria, and stadium or arena. If time permits, please conduct a cleanup in all four locations. Spend 10 minutes conducting the cleanup at each location selected.

of volunteers: _____ Total # of butts collected: _____

of butts per volunteer per minute: _____

Location(s) of cleanup: _____

Cleanup Notes:

Please return completed form to info@cyanonline.org