

RESPONSIBLE HOSPITALITY COALITION

EXPANDED FOOTPRINT ASSESSMENT

May 11, 2021

ESTABLISHMENT DATA

Establishment Name*		Address*	
Observer 1 Name	Age	Observer 2 Name	Age
Date	Arrival Time	Departure Time	Total hours

1. IDENTIFICATION CHECK

ID CHECKED AT ENTRANCE		ID CHECKED AT TABLE/BAR	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Identification carefully studied - removed from the wallet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Identification carefully studied - removed from the wallet
<input type="checkbox"/> Yes <input type="checkbox"/> No	Identification carefully studied – second ID requested	<input type="checkbox"/> Yes <input type="checkbox"/> No	Identification carefully studied – second ID requested
<input type="checkbox"/> Yes <input type="checkbox"/> No	Observed person being refused entrance due to lack of proper Identification?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Observed person being refused entrance due to lack of proper Identification?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Observed person being refused entrance because of obvious intoxication?	IDENTIFICATION: Other observations and notes (Describe any situations regarding ID check with customers.)	

2. EXPANDED FOOTPRINT

Where is the expanded outdoor dining area? <input type="checkbox"/> Patio <input type="checkbox"/> Parking lot <input type="checkbox"/> Sidewalk <input type="checkbox"/> Other	
1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>	Approximately how many blocks were sectioned off to accommodate the expanded footprint?

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Was there sufficient lighting to allow for safe food and beverage service and consumption?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Was there clear signage posted at each entryway to public areas regarding the handling of alcohol (i.e., "No alcohol beverages beyond this point.")?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Were there alcohol promotions on display at the establishment?
<input type="checkbox"/> Smoking <input type="checkbox"/> Vaping <input type="checkbox"/> Both <input type="checkbox"/> Neither	Were people smoking or vaping within the expanded outdoor dining area?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Did you notice any staff or management take corrective action on those who were smoking/vaping?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are reservations required?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are all tables clearly sectioned off from the general population (via rope or fencing)?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	If multiple establishments were side-by-side, was it clear which tables belonged to which establishment?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Did you observe young adults/teens lingering near the designated dining area?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Did you observe individuals inside the designated dining area sharing alcohol with people outside of the designated dining area?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Were staff members present at every entryway to public areas?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Were security guards present at the establishment?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Was there a time limit on seating?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Did the establishment have COVID-19 best practices in place (i.e., signage regarding handwashing, physical distancing, tables 6 feet apart, etc.)?
EXPANDED FOOTPRINT: Other observations and notes	(Where is the license posted? Where are house policies posted? What is maximum capacity of seating? Were tables spaced 6 feet apart?)

FOOD & BEVERAGE SERVICE

What type of license does the establishment have? <input type="checkbox"/> 41 (<i>beer and wine</i>) <input type="checkbox"/> 48 (<i>beer, wine, and cocktails</i>)	
Order taken by: <input type="checkbox"/> Server <input type="checkbox"/> Bartender <input type="checkbox"/> Counter service	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Food order required to purchase an alcoholic beverage.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is alcohol allowed to be taken off premise? If so, in what type of container?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Did you notice young adults drinking at tables?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Did you request a to-go cup?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	If you requested a to-go cup, were you made aware of the rules (i.e., placed in a sealed container and placed in the trunk of your car)?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Did you observe staff drinking?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Were non-alcoholic beverages promoted?
UPLOAD A PHOTO OF BEVERAGE CONTAINER	
FOOD AND BEVERAGE SERVICE: Other observations and notes	(Describe types of food ordered, e.g., full meal, appetizers, snacks, dessert, food truck, etc. Describe any drink promotions or other details relevant to the assessment, e.g., type of beverage container.)

INTOXICATION

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Obviously intoxicated person(s) observed.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Obviously intoxicated person(s) being refused service of alcohol.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Obviously intoxicated person(s) allowed to remain on premise
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Obviously intoxicated person(s) served non-alcoholic beverage or food
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Management called and involved
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Law enforcement called

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Does the establishment have a RADD Designated Driver Program in place or another similar program available?
	Number of obviously intoxicated person(s) observed
	Number of obviously intoxicated person(s) that were refused service
INTOXICATION: Other observations and notes	(Describe types of food ordered, e.g., full meal, appetizers, snacks, dessert, food truck, etc.). Describe any drink promotions or other details relevant to the assessment.)

UPLOAD A PHOTO