

BTG-COMP PA FACILITY OBSERVATION FORM - 2012			BUSINESS ID: <u>1 2 - 1 2 -</u> - - - - CORRESPONDING SEGMENT UNIT ID: <u>    </u>								
BUSINESS ID :  BUSINESS NAME:  ADDRESS:			COMPLETION CODE								
			COMPLETED	<input type="checkbox"/> 01							
			PARTIALLY COMPLETED – CODE DISPOSITION	<input type="checkbox"/> 02							
			NOT STARTED – CODE DISPOSITION	<input type="checkbox"/> 03							
DATE <u>    </u> - <u>    </u> - 2012    STAFF 1 <u>    </u> STAFF 2 <u>    </u> START TIME <u>    </u> : <u>    </u> <input type="radio"/> AM <input type="radio"/> PM    END TIME <u>    </u> : <u>    </u> <input type="radio"/> AM <input type="radio"/> PM			DISPOSITION CODE								
LITTERED CIGARETTE PACKS    No Cellophane    With Cellophane  Number of bags used: <u>    </u> <u>    </u>			Temporarily inaccessible / Outside business hours	<input type="checkbox"/> 1							
<table border="1"> <thead> <tr> <th>PA SAMPLE ATTRIBUTE</th> <th>NO</th> <th>YES</th> </tr> </thead> <tbody> <tr> <td>Facility replaces a primary sample observation</td> <td><input type="checkbox"/> 0</td> <td><input type="checkbox"/> 1</td> </tr> </tbody> </table>			PA SAMPLE ATTRIBUTE	NO	YES	Facility replaces a primary sample observation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Not safe	<input type="checkbox"/> 2	
			PA SAMPLE ATTRIBUTE	NO	YES						
Facility replaces a primary sample observation	<input type="checkbox"/> 0	<input type="checkbox"/> 1									
NOTES			Address not found	<input type="checkbox"/> 5							
			Does not meet study criteria – DESCRIBE IN NOTES	<input type="checkbox"/> 7							
			Permanently closed / Does not exist	<input type="checkbox"/> 8							
			Other (SPECIFY):	<input type="checkbox"/> 6							
A. SETTING			B. FEES								
<b>A1. Type of Setting</b>			MARK "X" IF FREE TO PUBLIC OR NO INFORMATION AVAILABLE AND SKIP B1-B2 <input type="checkbox"/>								
Community Recreation Center	<input type="checkbox"/> 01		<b>B1. Are there Daily Drop-in Rates?</b>	NO	YES						
Boys and Girls Club	<input type="checkbox"/> 02			<input type="checkbox"/> 0	<input type="checkbox"/> 1						
Jewish Community Center	<input type="checkbox"/> 03		<b>B2. Are there Special Discounts for...?</b>	NO	YES						
YMCA/YWCA	<input type="checkbox"/> 04			a. Low Income (Sliding Scale Fees)	<input type="checkbox"/> 0	<input type="checkbox"/> 1					
For-Profit PA Facility	<input type="checkbox"/> 05		b. Youth and/or Students	<input type="checkbox"/> 0	<input type="checkbox"/> 1						
Other, SPECIFY:	<input type="checkbox"/> 10		F. PARKING AND SIDEWALK								
<b>A2. Indoor, Outdoor or Both Settings?</b>			<b>F1. Does the facility have ... ?</b>								
Indoor Sports Features only	<input type="checkbox"/> 1		a. Parking On-Site	<input type="checkbox"/> 0	<input type="checkbox"/> 1						
Outdoor Sports Features only	<input type="checkbox"/> 2		1. Lighted Parking <i>IF F1a=0, LEAVE BLANK</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1						
Both Indoor and Outdoor Sports Features	<input type="checkbox"/> 3		b. Sidewalk on street at address	<input type="checkbox"/> 0	<input type="checkbox"/> 1						
<b>A3. Does the facility have ... ?</b>			1. Sidewalk Lighting <i>IF F1b=0, LEAVE BLANK</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1						
a. Childcare Services for patrons	<input type="checkbox"/> 0	<input type="checkbox"/> 1	c. Bicycle Parking	<input type="checkbox"/> 0	<input type="checkbox"/> 1						
b. Teen Center	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<b>PLEASE DON'T FORGET TO CODE E1.EXTERIOR INCIVILITIES AT FACILITY ENTRANCE AREA ON LAST PAGE.</b>								

## C. INDOOR FEATURES

1 2 - 1 2 - - - -

MARK "X" IF NO INDOOR SPORTS FEATURES AND SKIP SECTION C

FOR EACH FEATURE BELOW, COMPLETE ITEM C1  IF C1 TOTAL >0, CODE C2		C1. How Many?		C2. Condition of Feature – How many in each?					
				1. POOR		2. OK/GOOD		COULD NOT RATE	
		TALLY	TOTAL	TALLY	TOTAL	TALLY	TOTAL		
INDOOR FEATURES	d. Field, Soccer		_ _ _		_ _ _		_ _ _	_ _ _	
	e. Court, Basketball		_ _ _		_ _ _		_ _ _	_ _ _	
	f. Court, Tennis		_ _ _		_ _ _		_ _ _	_ _ _	
	g. Court, Volleyball		_ _ _		_ _ _		_ _ _	_ _ _	
	h. Court, Racquetball/Squash		_ _ _		_ _ _		_ _ _	_ _ _	
	i. Court, Multi-use or Gymnasium		_ _ _		_ _ _		_ _ _	_ _ _	
	j. Multipurpose Rooms		_ _ _		_ _ _		_ _ _	_ _ _	
	k. Exercise Machine Areas		_ _ _		_ _ _		_ _ _	_ _ _	
	l. Gymnastics Facilities		_ _ _		_ _ _		_ _ _	_ _ _	
	m. Running/Walking Track		_ _ _		_ _ _		_ _ _	_ _ _	
	n. Pool (> 3ft deep)		_ _ _		_ _ _		_ _ _	_ _ _	
	q. Skateboarding Facilities		_ _ _		_ _ _		_ _ _	_ _ _	
	<b>C1/C3. Does the facility have ... indoors?</b>		<b>NO</b>	<b>YES</b>	<b>C2/C4. What is the condition?</b>				
					<b>POOR</b>	<b>OK/GOOD</b>		<b>COULD NOT RATE</b>	
t. Rock Climbing Wall <i>IF C1t = 1, CODE C2t</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>			
a. Drinking Fountains <i>IF C3a=1, CODE C4a</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>			
b. Restrooms	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<b>NOTES</b>						
c. Showers/Locker Rooms	<input type="checkbox"/> 0	<input type="checkbox"/> 1							
d. Beverage Vending Machines	<input type="checkbox"/> 0	<input type="checkbox"/> 1							
<i>IF C3d=0, SKIP 1-5</i>	1. Plain Bottled Water	<input type="checkbox"/> 0						<input type="checkbox"/> 1	
	2. 100% Juice	<input type="checkbox"/> 0						<input type="checkbox"/> 1	
	3. Regular Soda	<input type="checkbox"/> 0						<input type="checkbox"/> 1	
	4. Diet Soda	<input type="checkbox"/> 0						<input type="checkbox"/> 1	
	5. Other Sweetened Drink	<input type="checkbox"/> 0	<input type="checkbox"/> 1						

## D. OUTDOOR FEATURES

MARK "X" IF NO OUTDOOR SPORTS FEATURES AND SKIP SECTION D

1 2 - 1 2 - \_\_\_\_\_ - \_\_\_\_\_

**D0. Is the PA Facility located inside a public park?**

**NO**      **YES**

0       1

CORRESPONDING PARK UNIT ID

*IF YES, CODE D0a BELOW*

a. SELECT THE CONFIGURATION THAT BEST DESCRIBES THE ARRANGEMENT OF THE OUTDOOR FEATURE(S)

Facility has 1 or more exclusive outdoor features - CODE PA-ONLY FEATURES IN SECTION D. CODE PARK FEATURES ON PARK FORM

All outdoor features are part of the park - SKIP SECTION D AND CODE OUTDOOR FEATURES ON PARK FORM ONLY

FOR EACH FEATURE BELOW, COMPLETE ITEM D1  IF D1 TOTAL >0, CODE D2 AND D3		D1. How Many?		D2. Condition of Feature – How many in each?					D3. Does the Feature have Lighting?		
											1. POOR
		TALLY	TOTAL	TALLY	TOTAL	TALLY	TOTAL	TALLY	TOTAL	COULD NOT RATE	NO
OUTDOOR FEATURES	a. Field, Multi-use									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	b. Field, Football									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	c. Field, Baseball									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	d. Field, Soccer									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	e. Court, Basketball									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	f. Court, Tennis									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	g. Court, Volleyball									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	i. Court, Multi-use									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	m. Running /Walking Track									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	n. Pool (> 3ft deep)									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	o. Wading Pool / Spray Grounds									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	p. Playground Area									<input type="checkbox"/> 0	<input type="checkbox"/> 1
	q. Skateboarding Facilities									<input type="checkbox"/> 0	<input type="checkbox"/> 1
<b>IF D1=1, CODE D2 AND D3</b>		<b>D1. Is Feature Present?</b>		<b>D2. Condition of Feature</b>					<b>D3. Does the Feature have Lighting?</b>		
		NO	YES	POOR	OK/GOOD		COULD NOT RATE	NO	YES		
	r. Exercise Stations w/signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
	s. Exercise Stations w/o signage	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
	t. Rock Climbing Wall	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
<b>D4. Does the facility have ... outdoors?</b>		<b>D5. What is the condition?</b>					<b>NOTES</b>				
<b>IF D4=0, SKIP D5</b>		NO	YES	POOR	OK/GOOD				COULD NOT RATE		
	a. Drinking Fountains	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2				<input type="checkbox"/>		
	b. Trash Containers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2				<input type="checkbox"/>		
	c. Benches	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/>				

**CONTINUATION OF D. OUTDOOR FEATURES**

1 2 - 1 2 - - - -

<b>D6. Does the facility have ... outdoors?</b>		<b>NO</b>	<b>YES</b>
a. Restrooms/Port-o-lets		<input type="checkbox"/> 0	<input type="checkbox"/> 1
b. Showers/Locker Rooms		<input type="checkbox"/> 0	<input type="checkbox"/> 1
c. Beverage Vending Machines		<input type="checkbox"/> 0	<input type="checkbox"/> 1
<i>IF D6c=0, SKIP 1-5</i>	1. Plain Bottled Water	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	2. 100% Juice	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	3. Regular Soda	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	4. Diet Soda	<input type="checkbox"/> 0	<input type="checkbox"/> 1
	5. Other Sweetened Drinks	<input type="checkbox"/> 0	<input type="checkbox"/> 1

**NOTES**

**E. EXTERIOR INCIVILITIES**

Rate the amount of ...	E1. at the facility entrance area				E2. on the facility outdoor property <i>IF NO OUTDOOR SPORTS FEATURES, SKIP E2</i>			
	NONE	A LITTLE	SOME	A LOT	NONE	A LITTLE	SOME	A LOT
a. Garbage/Litter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Broken Glass	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Graffiti/Tagging	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Evidence of Alcohol Use	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Evidence of Substance Abuse	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Sex Paraphernalia	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**NOTES**