**Indoor Community Setting Observation Tool: Establishment Form**

**Establishment Characteristics**

1. Enter name of establishment: \_\_\_\_\_\_\_\_\_\_\_
2. What time of day is the establishment attended?
* Morning *(8-11:59 AM)*
* Afternoon *(12:01 PM to 5 PM)*
* Evening *(5:01 PM to 8 PM)*
* Night *(8:01 PM or later)*
1. Enter day of the week that establishment is attended: \_\_\_\_\_\_
2. Are hand sanitizer dispensers available at the entrance ***and*** the dispenser contains sanitizer? *(NOTE: This does not refer to dispensers available at individual stores within a shopping centre).*
* Yes
* No
1. Are there any visible signs related to COVID-19, physical distancing, hand hygiene, or mask use? *(NOTE: This does not refer to signage available at individual stores within a shopping centre. If signs are obstructed, please select No).*
* Yes
* No
1. Does the establishment have a touch-free, automatic door entry?
* Yes, all
* Yes, some doors
* No

*After data collection is completed, refer to Environment Canada and record the mean temperature for the day. Use Google Forms’ timestamp data to create a column for day of the week.*

**Indoor Community Setting Observation Tool: Customer Form**

*If a group enters the mall or store, randomly sample one customer from that group and note down the observations below. Do not sample more than one individual per group. To ensure consistency across all observations, sampled shoppers must be observed for either (a) 20 seconds or (b) from when they enter the first door to after they pass approximately 10 metres into the establishment, whichever comes first. Any incomplete observations must be submitted to reduce bias.*

**Customer Practices**

1. Is the customer alone?
* Yes
* No, specify number of people in group: \_\_\_\_\_
1. If with others, is the customer a parent, guardian, or caregiver to someone else in that group? *(NOTE: For the purposes of this study, a caregiver can be defined as a family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person. Seemingly codependent individuals such as elderly couples can be marked as “No”)*
* Yes
* No
1. Is the customer visibly healthy and free of illness (e.g., not coughing, sneezing)?
* Yes
* No
1. Does the customer touch their eyes, face, or mouth at least once?
* Yes
* No
1. Are one or both hands of the customer occupied (e.g., holding an item, pushing stroller, holding someone else’s hand)?
* Yes
* No
1. Does the customer have a mask on?
* Yes
* Yes, partial
* No
1. If yes, what type of mask is the customer wearing?
* Cloth
* Medical
* Fitted N95 or equivalent
1. Was hand sanitizer used upon entry?
* Yes
* No
1. If other shoppers/groups are present, does the customer stay ≥2 metres apart from them upon entry? *(NOTE: Do not include members within a customer’s own group)*
* Yes
* No
1. Additional comments: \_\_\_\_\_\_\_\_\_\_\_

*Specify in the additional comments if (a) a customer adjusts their mask, or (b) wears one after entering the establishment. The frequency of this was low during pretesting.*