

Tool for Observing Worksite Environments (TOWE)

Worksite: _____

Building/Address: _____

Date: _____ Time: _____ Observer: _____

Number of people employed at the worksite: _____

BUILDING ASSESSMENT

This set of ratings is designed to understand the overall physical characteristics of the worksite that may influence workplace health promotion and provide the immediate context for health promotion programs.

Number of buildings at the worksite
(verify ahead of site visit, if possible)

No. = _____

If the worksite is located in more than one building, is the intervention being conducted in all buildings?

Yes No

If no, be sure to assess the environmental context of the other buildings as well.

Number of floors

No. = _____

Freestanding or connected to other buildings?

Freestanding Connected

Is worksite all or part of building?

All Part

Elevators:

Yes No

Stairwells:

Unlocked?

Yes No

Convenient?

Yes No

Attractive? (Comment:

Very Somewhat No
(Appealing, art) (OK) (Dim, narrow)

Reminder sign to take stairs?

Yes No

Ramps:

Yes No

Safety Equipment

- | | | |
|---|------------------------------|-----------------------------|
| AED's (automatic electronic difibulators) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| First Aid Kits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Respirators | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fire Extinguishers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Safety Equipment: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How many of the following items are present inside the building?

- | | | | | |
|----------------|-------------------------------|----------------------------|------------------------------|------------------------------------|
| Changing rooms | <input type="checkbox"/> None | <input type="checkbox"/> 1 | <input type="checkbox"/> 2-4 | <input type="checkbox"/> 5 or more |
| Showers | <input type="checkbox"/> None | <input type="checkbox"/> 1 | <input type="checkbox"/> 2-4 | <input type="checkbox"/> 5 or more |
| Scales | <input type="checkbox"/> None | <input type="checkbox"/> 1 | <input type="checkbox"/> 2-4 | <input type="checkbox"/> 5 or more |

For the items above that are present: Are they in good condition (e.g., fairly new, clean, comfortable)? Are they easily accessible?

What is the overall work environment like? Noise level, lighting (natural or electric), open space/crowded, etc?

General impressions of the building (overall condition, age of building, etc.):

Potential Meeting Rooms

How many of the following items are present inside the building?

Conference rooms (for education) Describe condition:	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Multi-purpose rooms Describe condition	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Break Rooms Describe condition:	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more

General Impressions and Other Comments Related to the Building Assessment:

SIGNS AND BULLETIN BOARDS, KIOSKS (the information environment)

This set of items is intended to help corroborate promotion of the program and cues that promote behaviors associated with healthy lifestyles.

Location: _____

NOTE THIS IS DONE FOR EACH BUILDING IN A WORKSITE

How many signs or posters are present that generally encourage the following?

Physical activity (encouragement to join classes, park further away, etc.)	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Dietary fat reduction or healthy nutrition (classes, food choices, snack options)	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Emergency Response: Call 911; Signs and symptoms of Heart Attack and Stroke	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Employee Assistance Programs (EAPs); Worklife balance/ Stress reduction programs	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Worksite Safety (ear/eye protection, tripping/falling hazards, hazardous materials)	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Occupational Medicine/Safety Clinic	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Clinical Preventive Service Offerings	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
No Smoking Policy	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more

Tool for Observing Worksite Environments

Policy announcements on employee wellness	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Other: Describe:	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Are there brochure racks or holders for health education materials?	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more

For each item above that is present: how likely is an employee to notice and read them?

Are the signs or posters posted in places where employee congregate, pass frequently, or eat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the signs or posters posted at eyelevel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the signs or posters large and/or colorful	<input type="checkbox"/> Yes	<input type="checkbox"/> No

General Impressions and Other Comments Related to Signs and Bulletin Boards:

FITNESS CENTER ASSESSMENT

This set of items is intended to help corroborate availability and appeal of the fitness centers, if any, associated with the worksite.

Not applicable (there is no fitness center)

Time of visit: _____ Hours of operation: _____

How many of the following types of exercise equipment are present?

Treadmills	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Bikes	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Rowing machines	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Stepper machines	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Strength equipment	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Free weights	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Other machines (type: _____)	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Other machines (type: _____)	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more

Are there enough machines given the number of employees at this worksite? Is it crowded? Are employees standing in line waiting for exercise equipment?

For the items above that are present: are they in good condition (e.g. , clean, comfortable)?

How old is the current equipment?	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 5-10 years	<input type="checkbox"/> 10 or more years
Are the signs or posters posted at eyelevel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are the signs or posters large and/or colorful?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Tool for Observing Worksite Environments

Is the fitness center an inviting, comfortable environment (e.g., enough space)? Is the fitness center easily accessible (e.g. near offices, hours of operation)? It is accessible to the outdoors (for running or walking)?

Ambience:

Is there a TV in the workout area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, is the volume audible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there music in the workout area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, is the volume audible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the signs or posters large and/or colorful	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Physical Activity Opportunities?

Is there additional space/rooms available for classroom instruction (e.g., aerobics)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are instructional classes offered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what type?		
Yoga	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pilates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aerobics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the signs or posters large and/or colorful	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are there additional spaces/rooms for classroom instruction (yoga, pilates, aerobics)?

__FREQUENCY?

General Impressions and Other Comments Related to the Fitness Center Assessment:

OCCUPATIONAL HEALTH CLINIC

Not applicable (there is no occupational health clinic)

Hours of operation	<input type="checkbox"/> Limited hours <input type="checkbox"/> Days <input type="checkbox"/> All shifts
Staffing	<input type="checkbox"/> Physician _____ number <input type="checkbox"/> RNs: _____ number <input type="checkbox"/> Paramedics: _____ number <input type="checkbox"/> Counselors: _____ number <input type="checkbox"/> Other staff: _____ number Specify:
Facilities:	<input type="checkbox"/> AEDs <input type="checkbox"/> X-ray <input type="checkbox"/> Beds: _____ number <input type="checkbox"/> Other (Specify):
Preventive services offered:	<input type="checkbox"/> Health examinations <input type="checkbox"/> Blood lipid testing <input type="checkbox"/> Immunizations <input type="checkbox"/> Mammography screening <input type="checkbox"/> Other, specify: _____ _____
Number of employees served: _____	
Number of buildings served: _____	
Distance from main working area:	

Description of key services, and accessibility of services of the occupational health clinic.

ASSESSMENT OF THE NUTRITION ENVIRONMENT AT WORK

This set of ratings is intended to help corroborate the availability and promotion of healthy nutrition in the worksite and corroborate information about environmental changes that might encourage improved dietary behavior. This assessment will be conducted with: (1) a cafeteria (if any) on the worksite; (2) vending machines, and (3) lunch areas.

Assessment of Cafeteria or Other Resource that Substitutes for a Cafeteria (e.g., canteen, on-site sandwich shop, food vendor, lunch cart)

Not applicable (there is no cafeteria or similar other)

How many of the following items are available in the cafeteria?

Fresh fruit	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Green salads	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Low fat milk or yogurt options (<i>check labels</i>)	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Entree labeled as low fat or hearty healthy	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Vegetable options	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Salad bar	<input type="checkbox"/> Extensive	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
<i>Observations:</i>				

Comment on the appeal of available items (e.g., Do the fruits and vegetables look fresh? Is a range of low fat items offered? How noticeable are the low fat or heart healthy labels?)

What less healthy food choices are offered in the cafeteria?

How do the costs health food and beverage choices compare to less healthy choices?

General Impressions and Other Comments Related to the Cafeteria Assessment:

Vending Machine Assessment

Not applicable (there are no vending machines)

Location: _____ (NOTE: Complete this page for each vending machine area.)

How many vending machines are present? _____

Where are they located?

How many of the following items do the vending machines offer?

<i>Drinks:</i>	
Fruit/vegetable juices	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5 or more
Bottled water	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5 or more
Diet soft drinks	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5 or more
<i>Food:</i>	
Low fat/sugar snacks	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5 or more
Items labeled as heart healthy, low fat or low calorie	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5 or more
Fresh fruit/vegetables	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5 or more
Are there signs in the vending area that encourage selection of low fat items?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, are the signs posted at eyelevel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, are the signs or large and/or colorful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a water cooler?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What less healthy choices are offered in the vending machines?

How do the costs health food and beverage choices compare to less healthy choices?

General Impressions and Other Comments Related to the Vending Machine Assessment:

Lunch Room Assessment

Not applicable (there is no lunch room)

Location: _____ (NOTE: Complete this page for each lunch room area.)

How many signs/posters in the lunch room encourage the following?

Fruit and vegetables consumption	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Increased physical activity	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Dietary information (low fat/reduced calorie)	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more

How many of the following items are available for employee use?

Microwave	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Other oven or toaster	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Seating in or near the food preparation area	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Refrigerator/Freezer	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Sink	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there a water cooler in or near the lunch room?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

What is the condition of the appliances and/or seating in the lunch room?

Are the appliances in good working order and regularly maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the appliances cleaned regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the appliances and seating easily accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

General Impressions and Other Comments Related to the Lunch Room Assessment:

PARKING ASSESSMENT

This set of ratings is intended to help physical factors of the worksite that are associated with physical activity in getting to work.

How many of the following are present?

<i>Bike racks:</i>	
Bike racks <u>outside</u> the building <i>(check to see if they are over-full or empty, and note under General Impressions)</i>	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5 or more
Bike racks <u>inside</u> the building <i>(check to see if they are over-full or empty, and note under General Impressions)</i>	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2-4 <input type="checkbox"/> 5 or more
Number of bikes parked in bike racks	<input type="checkbox"/> None <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10 or more

<i>Parking Lots:</i>	
Number of Spaces:	<input type="checkbox"/> Small (< 30 spaces) <input type="checkbox"/> Medium (31 – 99) <input type="checkbox"/> Large (100+ spaces)
Surface of the parking lot	<input type="checkbox"/> Paved <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt
Lighting in parking lot	<input type="checkbox"/> Yes <input type="checkbox"/> No

Where is the parking in relation to the worksite (e.g., distance from building to nearest parking lot)?

General Impressions and Other Comments Related to the Parking Assessment:

GROUNDS ASSESSMENT

This set of ratings is intended to identify the factors in the area surrounding the worksite that may encourage physical activity.

Definition of "grounds": _____

What exists adjacent to the grounds (e.g., open field, other business, highway)?

Which of the following items are present on the grounds?

Volleyball court	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Basketball hoop	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Walking path on or adjacent to grounds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bike paths on or adjacent to grounds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Open space/grassy area large enough for physical activity or group activity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lighting on the grounds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sidewalks on grounds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Benches on the grounds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water fountains	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No

General Impressions and Other Comments Related to the Grounds Assessment:
What is the landscaping like? How is it maintained (e.g., Are there cigarette butts, litter, broken glass?) How do people get around the grounds safely?

COMMUNITY ASSESSMENT

This set of ratings is intended to identify the factors in the community that are associated with availability of (1) healthy food choices (2) physical activity (3) health care.

Site description: Rural _____ Suburban _____ Urban _____

Is the area surrounding the work Residential (single family homes, condos, apartments), Commercial, Industrial, Government (school, police, fire, office), Undeveloped, or mixed use?

What is the approximate distance from the worksite (in miles) to the nearest:

Town, downtown or city: _____ miles

Restaurants or fast food outlets: _____ miles

Park or other natural area: _____ miles

How many of each of the following items exists within a 0.5 mile radius (5 blocks) of the worksite?

Transportation Features:

Describe Traffic Level

Light

Moderate

Heavy

Mass transit (bus stops, subway stations)

Yes No

Bike Lanes

Yes No

Sidewalks

Yes No

Condition: (e.g., Are they continuous or not, is there a buffer with the curb, condition):

Off road bike or walking trails

Yes No

Condition: (e.g., paved or unpaved) _____

Food and Retail Outlets:

Fast food outlets --featuring high fat foods: (e.g., MacDonaldds, Pizza Hut)	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Gas Station/Convenience Store	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Street vendors (e.g., hot dog stands)	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Café, deli, cafeterias (including an extensive salad bar) , coffee shop	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Other food establishment or specialty shop (e.g. ice cream parlor, juice bar, donut shop)	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Ethnic/family restaurants (non-fast food restaurants)	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Grocery stores / supermarkets / fruit and vegetable market	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Open-space/ grassy area large enough for physical activity playgrounds, parks	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Athletic fields or other sports facilities (including swimming facilities), golf course	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Shopping center , strip mall	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Community recreation center (YMCA)	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Bar/nightclub	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Houses of Worship	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Shopping mall or department store or "big box" store (e.g., Home Depot, Best Buy, Sears, Wal-Mart, Target)	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Other service (e.g., bank or credit union, beautician, lawyer, accountant, realtor, laundry/dry cleaner, commercial mailing service, movie theater, hotel/motel)	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Pharmacy or drug store	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more
Hospitals , clinic, doctor's office, health department	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more

General Impressions and Other Comments Related to the Community Assessment:

Tool for Observing Worksite Environments

OTHER

What is it about the worksite environment that particularly encourages healthy lifestyles (e.g. physical activity and/or improved nutrition)?

Other comments:

Name and title of employee(s) who accompanied you on tour of the worksite:

Note any relevant comments that the employee made while facilitating the tour:

Procedures for Completing the Assessment

NOTE: Please prioritize sections depending on which interventions you have discussed with worksite representatives. Use the check boxes before each section to indicate which sections you have completed as a priority.

1. Obtain permission from manager to inspect the building and the grounds. Make observations in the daylight. It would be desirable to have an escort to make sure you cover all the stairwells, lunch rooms, vending machines, etc. However, do all observations independently.
2. If no one accompanies you, it would be useful to check with someone (e.g., the manager's secretary) to make sure you did not miss the fitness center, a cafeteria, showers, etc. Go through the major points of the assessment with them.
3. If possible, walk down all corridors on every floor, so you do not miss any of the items. Go into the target areas like the lunch room, cafeteria, and fitness center; only write down what you actually observe.
4. There are three environments that are evaluated. The first is the "worksite," which is the area of the building that is under one management. The second is the "grounds," which is the area around the worksite building. The third is the "community," which is the area just beyond the grounds.

The definition of worksite "grounds" will vary. If the worksite is in its own building that is not shared, that plot of land, including parking, will be the grounds. If the building or plot of land is shared with other tenants, the entire plot of land is considered the grounds. Thus, the cafeteria, showers, fitness center, or parking may be shared with other companies. However, only assess the stairways, elevators, and vending machines that are in the parts of the building owned or leased by the target company, or in shared areas.

If the workplace is in a large commercial or industrial complex, the complex may be too large to consider the workplace grounds. In this case, define grounds as you see fit and ask employees what they consider part of their worksite. In your assessment, include a description of how you defined "grounds".

5. Examine the bulletin boards as you go around the worksite. At each bulletin board, examine postings for target notices. Only evaluate the first page or first layer of postings. For dietary information, do not evaluate postings of menus. For physical activity, do not assess signs related to movement safety at work; only those that are related to promotion of physical activity. Signs and posters can be posted anywhere. There is not a distinction whether signs are on bulletin boards or posted elsewhere.
6. For dining areas look for labeling that is visible on a casual inspection of the area. Record what you can see standing where you would stand if you were ordering or going through a cafeteria line. It is not necessary to examine every package. The only thing to specifically look for is whether low fat milk and yogurt are available. For these, you will need to look at the labels.

Tool for Observing Worksite Environments

Labeling of low fat items should be easily visible, such as on separate signs or placards. Nutrition information signs may be in front of items on a cafeteria line, and they should show content of fat, cholesterol, calories, or sodium. For food areas, if salad or fruit is listed on the menu, it is available.

7. Under Grounds Assessment, we are interested in open space/grassy areas that are large enough to use for physical activities such as football, volleyball, walking or lead to places where one could walk or run.

8. The Community Assessment does not need to be completed as part of the tour. It can be completed at a time separate from the site visit with the employees, thereby limiting employee burden. When conducting the scan of the community environment within the 0.5 mile radius (5 blocks) of the worksite, cover main streets predominantly. To further focus the scan, get suggestions from staff regarding where people typically go to eat, shop, or engage in physical activity.

Attribution:

The Enhanced SWAT Tool for Observing Worksite Environments (TOWE) was adapted by RTI for CDC from the Checklist of Health Promotion Environments at Worksites (CHEW; Oldenburg et al., 2002)