

# Workspace Survey

Part of the Facilities Department mission is to provide a safe, productive, and comfortable work environment. We respectfully ask that you take a moment to answer the below questions. We thank you in advance for your cooperation!

## General Location Information

Please provide general information about your location.

Building Location: \_\_\_\_\_ Floor: \_\_\_\_\_

Workspace Type:  Enclosed Office  Cubicle  Open Desk

On average, how many hours do you spend in your workspace per day?  0-2  3-5  6+

## Workspace

Please answer the below questions about your workspace.

What is the location of co-workers with whom you must frequently interact to accomplish work?

Adjacent Space  Other Part of Building  Adjacent Building  >1 mile

How satisfied are you with the following for your job function?

Evaluation Scale:	(5) Excellent	(4) Great	(3) Good	(2) Fair	(1) Poor
Visual Privacy	5	4	3	2	1
Noise Privacy	5	4	3	2	1
Amount of Surface Space	5	4	3	2	1
Amount of Storage Space	5	4	3	2	1

For how many years do you store documents in your workspace?  0  0-1  1-2  3+

## Comfort

Please answer the below questions regarding comfort in your workspace.

1) Temperature **in the morning**:  Cold  Cool  Comfortable  Warm  Hot

2) Temperature **in the afternoon**:  Cold  Cool  Comfortable  Warm  Hot

3) Airflow:  Stuffy  Not Noticeable  Drafty  Wind Tunnel

4) Do you use any of the following at your desk?  Space Heater  Fan  Jacket

5) Overhead Lighting:  Dark  Dim  Just Right  Too Bright

6) Task Lighting at your desk:  Dark  Dim  Just Right  Too Bright

7) Noise Level:  Negligible  Sometimes Distracting  Constantly Distracting

8) Cause of Noise, if any:  People  Office Equipment  Corridor  Building  Outside

9) Odors:  Negligible  Sometimes Distracting  Constantly Distracting

10) Type of Odor, if any:  Fragrance  Chemical  Fuel/Exhaust  Musty  Other

## Additional Comments

Please provide additional comments below regarding your workspace.

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The Road to Better  
Facility Management