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?

<table>
<thead>
<tr>
<th>Evaluation Scale:</th>
<th>(5) Excellent</th>
<th>(4) Great</th>
<th>(3) Good</th>
<th>(2) Fair</th>
<th>(1) Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Privacy</td>
<td>5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Noise Privacy</td>
<td>5 4 3 2 1</td>
<td></td>
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</tr>
<tr>
<td>Amount of Surface Space</td>
<td>5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount of Storage Space</td>
<td>5 4 3 2 1</td>
<td></td>
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</tbody>
</table>

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.
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________