

Post-Move 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

Building Location: _____ Floor: _____

Workspace Type: Enclosed Office Cubicle Open Desk

Communication

Did you receive clear notification & instruction prior to the move? Yes No

Were the communications received early enough to adequately prepare? Yes No Somewhat

Were moving instructions clear and understandable? Yes No Somewhat

Move Logistics

Were the provided moving supplies adequate? Yes No

Did your items arrive safely? Yes No

Did the Facilities Department respond promptly to issues? Yes No Somewhat

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 |
| Chair Comfort | 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+

Aesthetics

1) Opinion on selected color scheme: Appealing Dissatisfactory No Opinion

2) Overhead Lighting: Dark Dim Just Right Too Bright

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

Additional Comments

Please provide comments below regarding your workspace and recommendations for future moves.
