

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 >1mile

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.
